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The Public Welfare Agency
and the Multiservice Neighborhood Center

Employability of AFDC Mothers in Six States

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OF HEALTH,
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Self-Determination of Need for Social Services Among OAA Recipients

Linda Winiecke

Public assistance agencies are moving toward adopting a policy of separating eligibility determination from the system of providing social services. The prime impetus for separation comes from the 1967 Social Security Amendments, which offer money incentives to agencies to provide services within a single organizational unit. The policy is being adopted in the belief that separation will increase the amount of services an agency can offer and will emphasize the recipient's right to determine for himself what services he needs.[1]

Traditionally, the applicant for public assistance has been subjected to a lengthy means test conducted by his caseworker—a process of investigating, verifying, and evaluating his resources. Both the applicant and the caseworker have objected to the test. Blau points to conflicts arising between caseworker and recipient primarily because of the requirement to check eligibility.[2] Critics of the means test stress the need for eligibility determination without humiliating the applicant,[3] and they wryly observe a discrepancy in government attitudes: "If the whole American public can be trusted to report income for tax purposes . . . can we not consider giving that same degree of trust to the poor who are part of the same American public?"[4]

Also, eligibility investigation and determination impose a hardship on the worker whose responsibilities also include the delivery of services. Studies indicate that a reduction in caseloads permits workers to redistribute efforts and increase the number of service contacts with recipients.[5] But agency officials have long resisted the idea of smaller caseloads because of the cost of employing additional staff workers.[6] The separation of eligibility and services offers an opportunity to streamline the delivery of services with a minimal increase in staff costs.

Pressure to change both eligibility determination and services mounted in the early 1960's. In response to such pressure, in 1964-65 California's Department of Social Welfare submitted a proposal to the Bureau of Family Services of the Welfare Administration (now part of the Social and Rehabilitation Service), U.S. Department of Health, Education, and Welfare, to test the effectiveness of separating eligibility determination from the social service provision in the old-age assistance (OAA) program. The proposal featured a recipient-completed eligibility declaration and staff reorganization under which eligibility workers handle grant determination and services are broadened and intensified. A pretest administered to four of California's 52 counties between November 1965 and April 1966 set the stage for revisions in OAA administrative policy, notably a move toward increased reliance on the applicant's statement of his financial and service needs.

Purpose of the study

Though separation of financial eligibility from service provision has been in operation in California's OAA program for over 3 years, no studies have been conducted to investigate the circumstances surrounding the applicant's identification of service need. Pyott, in the final report on the pretesting, questions the "practical feasibility of a declaration completed by or at the direction of the client . . . as an exclusive basis for eligibility and need determination."[7] Though research on the veracity of what the applicant reports about income began during the initial pretesting of OAA

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separation,[8] there is little information regarding his service need determination.

It is not at all self-evident that public assistance recipients will request or identify a need for services simply because services are available. Several investigators are concerned that a large percentage of recipients don't ask for services because they don't know what services are available.[9] And several studies raise the question of how the recipient views self-sufficiency and the effect of his view on his declaration of need. Lichtenberg and Pollock, to cite one example, portray the applicant for public assistance as involved in a conflict between his problems and the difficulty of acknowledging that his need is great and beyond his power to meet.[10]

The purpose of this article is to examine the circumstances that lead an OAA recipient to declare in his initial eligibility determination that he has a problem special enough to require caseworker assistance. More specifically, it centers on two issues: What problems have recipients identified? and Can we determine a difference in social circumstances between the respondents who declare a problem and those who do not? The examination is based on the findings of a study conducted by the Research Bureau of the California Department of Social Welfare under a grant from the Administration on Aging, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.

The methodology

The sample consists of 256 OAA recipients in Sacramento County, Calif., ranging in age from 65 to 88 years. At the time of the interview, all had recently been approved for cash grants. They were selected from the complete roster of cases approved between July 1 and October 31, 1969, excluding only recipients living in institutions or unable to participate in an extended interview because of language difficulties, deafness, or very poor health. Data for this analysis came from two sources: the first of three annual interviews to be conducted as part of a larger research project on aging and the declaration of eligibility that the recipients in the sample were required to complete at the time they first applied for OAA.

During the study period, an older person applying to the county for OAA was given or mailed an eligibility packet containing a six-page declaration form with 35 questions and general program information. Five questions pertained to his social circumstances (the others to economic conditions), grouped under the heading "Special Problems" and followed by this statement: "There are social workers to help you with many problems." All except the fifth question required only "yes" or "no" in reply. The items were as follows:

I have a health problem.
My house is in poor condition and needs major repairs.
I have to move and need help in planning.
I am disabled and have trouble getting around the house.
I have other problems with which I need help.

Only answers to these questions were considered in the study.

For the most part, the applicant completed the affidavit alone. However, regulations require a "face-to-face" contact with an eligibility worker before the county decides to grant aid. At this meeting the eligibility worker reviewed the form for internal consistency, explained the services available through the county, and answered questions. All eligibility workers were instructed to be alert to the possibility that the applicant might have service needs he failed to indicate. Thus the data under analysis do not represent the results of a "pure" test of self-declared service need but one in which the eligibility worker could, in exceptional cases, add his own referral to that of the applicant.

Findings

Of the five problem categories, only two—health and the need for housing repairs—provided enough affirmative responses to warrant further examination. Almost three quarters (74.2 percent) of the persons included in the sample reported having a health problem, five times more than reported the next most-mentioned item, "My house is in need of major repairs" (14.4 percent). In response to the other questions, 3.1 percent reported they needed help in moving, 11.3 percent reported a disability, and 16.4 percent reported other problems. The vagueness of replies to this item precludes its further study here. The analysis thus centers on health and housing.

Health. Clear differences exist between the applicants who declared a health problem and those who did not. To reduce as much as possible the chance of error in interpretation, we employed three general types of health measures based on interview data:

Self-reported health—general rating, decline in health as perceived by applicant, and comparison of health with that of other elderly persons.

Specific illnesses and medical care—a list of chronic health problems, recentness of last visit to a physician, and last time in a hospital.

Functional health scale—a five-item modification of the Rosow-Breslau Health Scale for the Aged.[11] As modified, it consists of questions relating to five progressively more difficult tasks (ranging from being able to leave the house to see friends to being able to do heavy housework, including climbing a ladder).

Table 1 carries data on health based on interviews and the applicants' declarations of health problems.

Recipients who reported during the interview that they were in poor or declining health and generally worse off than other elderly persons were consistently more likely to report a health problem on the declaration. Similarly, recent contacts with physicians and hospitals were associated with declared health problems. Finally, the recipient's inability to perform the more strenuous tasks set forth in the functional health scale was also related to a health problem reported on the affidavit.

Contrary to Shanas' findings that the elderly have relatively few complaints they consider serious enough to require medical care,[12] the OAA recipients in our study who reported a health problem on the declaration had seen a physician in the previous 6 months. In general, our findings are consistent with earlier studies about the knowledge and use of medical services by public assistance recipients. Using data collected in a 1966 New York City survey, Yahr and Pomeroy report that 93 percent of recipients of aid to families with dependent children (AFDC) knew that medical services were available.[13] Similarly, in Buchanan and Makofsky's 1968 Baltimore survey of recipient attitudes, 71 percent of the recipients reported that they were receiving all the medical care they needed.[14]

The degree to which respondents identified a health problem seems primarily to have depended on how recently they had visited a physician. As noted, whether the applicant had seen a physician in the previous 6 months was the most powerful predictor of a health problem on the declaration. To test the relationship between seeing a physician and reporting a health problem, we introduced the former as a variable to be matched with various other health measures. The data indicate that it makes comparatively little difference how the applicant perceived his health—that is, if he had recently seen a physician, he was more likely to declare a health problem than if he had not.

The effect was most pronounced among the respondents who considered themselves generally healthy. Most of those who felt sick or scored low on the functional health scale had received medical care recently, although those who had not were less likely to declare a problem than those who had. Among the generally healthy, however, the distribution of cases is more even and the relation between physician visits and problem declaration is very evident. In fact, healthy persons who had seen a physician were as likely or more likely to declare a health problem than were sick persons who had not seen a physician recently. See table 2.

Although previous investigations have found an association between health and morale,[15] our data indicate no relation between morale and declaration of a health problem. Nor do they indicate an association between problem declaration and embarrassment at having to turn to the county for assistance.

Housing. The paucity of respondents who declared a housing problem suggests the operation of some selective process. The first review of the data indicates a slight tendency for respondents who declared a problem to rate the physical features of their housing (attractiveness, safety, comfort) lower than did respondents not declaring a housing problem. And yet over half the respondents with housing problems rated the safety and comfort of their homes as "good," and almost half gave their housing a favorable general rating. There is, in short, only small agreement between the recipient's response to the physical details of his housing and his "housing problem" response on the declaration.

Subsequent analysis indicates that it is ownership rather than the quality of housing that dictates "housing problems"on the declaration. As shown in table 3, nearly half the homeowners declared a housing problem, in contrast to barely one in 20 of the others. Homeowners, who made up less than a quarter of the sample, were responsible for 73 percent of the housing problems reported on the declaration.

The data are not adequate for full description of the conditions that lead homeowners to declare a housing problem. Even among homeowners, declaring a problem is not synonymous with an unfavorable rating of the home's physical aspects. Over 60 percent of the homeowners felt that their homes were attractive and comfortable, and more than half gave their homes a general rating of good. It is quite clear, however, that the critical influences in determining the declaration response were permanency and ownership. As shown in table 4, respondents who rented or lived with others were quite unlikely to repair or improve their current housing, regardless of its condition or the money available. Only

Table 1. Health measures from interviews and declaration of health problems

Perceived health

From declaration	Perceived change in health in past year		General health rating		Own health compared to that of other elderly persons	
	Worse	Same or better	Poor	Fair, good	Worse	Same or better
Percent declaring health problem	86	65	91	70	91	71
N	108	146	55	201	35	217
	$X^2 = 14.29$[1]		$X^2 = 10.22$[1]		$X^2 = 6.30$[2]	

Medical care and functional health

From declaration	Last time saw physician		Last time in hospital		Functional health scores	
	Past 6 months	Longer	Past year	Longer	Low (0-2)	High (3-5)
Percent declaring health problem	85	47	85	71	90	65
N	182	74	59	197	94	162
	$X^2 = 39.43$[1]		$X^2 = 4.44$[3]		$X^2 = 20.04$[1]	

Specific illnesses

From declaration	Diabetes	Stomach ulcers	High blood pressure	Heart trouble	Kidney trouble	Prostrate or female complaint	Cataracts, glaucoma	Arthritis, rheumatism	Asthma
Percent declaring health problem	100	88	87	87	86	83	82	80	79
N	27	25	95	69	49	23	38	158	19

[1] *Significant at .001 with 1 d.f.* [2] *Significant at .01.* [3] *Significant at .05.*

the homeowners would make improvements rather than moving or just leaving conditions as they are.

In short, the identification of a housing problem on the declaration is limited to a small group of homeowners who wished to keep their homes in good repair. Response to the item "My house is in poor condition and needs major repairs" seems unaffected by the residence's physical state but was determined almost entirely by the condition of ownership. As such, the item serves to identify applicants who might be eligible for an increased grant to repair their homes but does little to describe the actual living conditions of individual applicants.

Discussion and summary

How an agency chooses to interpret and deal with self-identified service need is a topic worthy of independent study. The current analysis has not, however, been directed toward recipient service "careers." Rather, we have looked at the manner in which OAA applicants determine their service needs and the degree to which standardized instruments yield the results for which they are intended. Thus the analysis has focused on a comparison between the responses to the declaration form and the extensive personal data gathered in a subsequent research interview.

Most respondents declared a health problem on the affidavit. In theory, at least, the item might be considered useful in identifying persons who need medical care but are not receiving it. The data, however, indicate that the question did not turn up significant numbers of persons who lack medical care but rather identified medically informed recipients seeing physicians. In checking a health problem on the declaration, respondents seem merely to have reported their physicians' current diagnoses.

The identification of housing problems and the need for home repairs is simply a function of home owner-

Table 2. Last contact with physician and declaration of health problem, interview health measures constant

Perceived health change in past year

From declaration	Health getting *worse*		Health *stable* or *improving*	
	Has seen physician in past 6 months		Has seen physician in past 6 months	
	Yes	No	Yes	No
Percent declaring health problem	91	61	79	43
N	90	18	90	56

General health rating

From declaration	Health poor		Health fair - good	
	Has seen physician in past 6 months		Has seen physician in past 6 months	
	Yes	No	Yes	No
Percent declaring health problem	93	78	82	43
N	46	9	136	65

Own health compared to that of other elderly persons

From declaration	Own health *worse*		Own health *same - better*	
	Has seen physician in past 6 months		Has seen physician in past 6 months	
	Yes	No	Yes	No
Percent declaring health problem	93	86	84	43
N	28	7	150	67

Functional health

From declaration	Low functional health		High functional health	
	Has seen physician in past 6 months		Has seen physician in past 6 months	
	Yes	No	Yes	No
Percent declaring health problem	97	59	76	44
N	77	17	105	57

ship. Responses to the item indicate a desire to improve the homes they own rather than a response to the quality or adequacy of the accommodations.

Several qualifications about these findings must be kept in mind. As mentioned previously, the identification of service need was principally, but not solely, accomplished by the applicants themselves. Thus these data represent the results of a system that might be assumed to produce slightly more referrals than would be the case if the applicants were their sole source. Also, the sample was relatively small and was drawn in a single county. Finally, the intake process and accompanying forms have undergone periodic revision since the collection of these data. Such changes do not invalidate the general findings regarding self-referrals for service, yet it should be kept in mind that the current system and

Table 3. Home ownership by declaration of housing problem

From declaration	Homeowners	All others
Percent declaring housing problem	47	5
N	58	198

X^2 = 62.49, significant at .001 w 1 d.f.

Table 4. Home ownership and response to question about more income

Question: If you had more money, would you move, would you fix this place up, or are you satisfied?	Homeowners	All others
Move	22 percent	42 percent
Improve	54 percent	11 percent
Satisfied	24 percent	47 percent
Total	100 (58)	100 (198)

X^2 = 48.99 significant at .001 with 2 d.f.

forms are different from those in use at the time the study was conducted.

Despite these shortcomings, the findings have two major implications. The first relates to the practicality of self-diagnosis, as opposed to its moral or ethical desirability. As an ethical posture, advocacy of self-determined service need seems unassailable. In general, people should not be harassed with help they neither want nor need. Whether or not elderly persons can or will identify genuine problems other than the need for money is another matter, however. Not only the details of service but also the very concept itself is foreign to most of the elderly persons contacted here (as it may be to most other people as well). Though it seems unreasonable and unfair to force service on persons who do not want it, it seems equally unrealistic to expect elderly persons to categorize their lives and problems in social service language and in a format designed principally for administrative convenience.

The second implication relates to the structure of the questions that we expect applicants and recipients to answer. As discussed, the health question identified persons who were currently being treated, and the housing item meant something only to homeowners. To identify and deal with serious personal problems, it seems imperative to create and use questions that do in fact identify people who need help. Only by examining the responses the questions elicit can social workers begin to gauge the adequacy of a particular question as a screening instrument.

THE LATTER POINT has significance beyond the particular form discussed here. Given the trend toward greater administrative reliance on forms that applicants and recipients complete, increased attention must be paid to the *reliability* and *validity* of the forms. As to public health surveys, Sullivan has suggested that the "major determinants of verbal descriptions of health status have yet to be identified and–more important–may be completely irrelevant to any objective criteria of health status or the need for health care."[16] Whether the same might be said about self-reported service needs is a question worthy of serious thought.

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[1] *Manpower and Community Development Research Group,* AFDC Client Needs and Social Services: A Study of the Service Process in the Los Angeles Department of Public Social Services *(Menlo Park: Stanford Research Institute), 1970, p. 1.*

[2] *Peter M. Blau, "Orientation Toward Clients in a Public Welfare Agency,"* Social Welfare Institutions: A Sociological Reader, *Mayer N. Zald, ed. (New York: John Wiley and Sons, Inc.), 1965, pp. 654-70.*

[3] *James R. Dumpson, "Our Welfare System–Radical Surgery Needed,"* Public Welfare, *Oct. 1965, p. 231.*

[4] *Walter C. Bentrup, "What's Wrong With the Means Test?"* Public Welfare, *Oct. 1965, p. 241.*

[5] *Edwin J. Thomas and Donna K. McLeod,* In Service Training and Reduced Workloads *(New York: Russell Sage Foundation), 1960.*

[6] *Thomas Pyott,* Final Report of Pretesting *(Sacramento: California Department of Social Welfare), 1966, p. 1.*

[7] *Thomas Pyott,* Progress Report, October 1966-March 1967, Experimental and Demonstration Project in Old Age Assistance *(Sacramento: California Department of Social Welfare), 1967, p. 4.*

[8] *Ibid.*

[9] *Sherman W. Buchanan and Louise Rainer Makofsky, "Attitudes of Clients Toward Public Welfare,"* Public Welfare, *Apr. 1970, pp. 141-49.*

[10] *Phillip Lichtenberg and Jeanne C. Pollock, "Clients and the Sense of Responsibility,"* Public Welfare, *Oct. 1967, pp. 255-61.*

[11] *Ethel Shanas, "Reported Illnesses and the Utilization of Medical Care,* Public Welfare, *Apr. 1960, pp. 103-06.*

[13] *Harold Yahr and Richard Pomeroy,* Studies in Public Welfare: Effects of Eligibility Investigation on Welfare Clients *(New York: City University of New York), undated, p. 23.*

[14] *Buchanan and Makofsky, op. cit., p. 42.*

[15] *Gerald Gurin, Joseph Veroff, and Sheila Field,* Americans View Their Mental Health *(New York: Basic Books), 1960, 444 pp.,; Arnold M. Rose and Warren Peterson, "Physical Health and Mental Outlook Among the Aging,"* Older People and Their Social World *(Philadelphia: F.A. Davis Co.), 1965, pp. 201-09.*

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Service Integration

The Public Welfare Agency and the Multiservice Neighborhood Center

Edward J. O'Donnell

Preliminary findings of the National Study of Multi-Service Neighborhood Centers, as reported in the May-June 1971 issue of *Welfare in Review*, indicate that programs related to the Social and Rehabilitation Service (SRS), U.S. Department of Health, Education, and Welfare, are not well represented in neighborhood centers.[1] The findings indicate further that centers are found predominantly in low income neighborhoods where residents could well be expected to use such services. For example, six in 10 (57 percent) centers are located in neighborhoods where most (50 percent or more) of the residents have annual family incomes of under $4,000. Moreover, seven in 10 (71 percent) of the center administrators estimate that most (50 percent or more) center users have annual family incomes of under $4,000.

Similarly, the findings also indicate that nearly four in 10 (38 percent) centers are in neighborhoods where center administrators report that most (50 percent or more) residents are Negroes. And, again, as with low income residents, Negroes are reported making more use of centers than would be expected on the basis of their population in the area served.

We know that most poor people do not receive public assistance or welfare payments. In 1969 fewer than three in 10 (27 percent) of the Nation's poor families and less than a fifth (18 percent) of poor unrelated persons reported receiving welfare. Less than half (45 percent) of the Negro families and about a fifth (21 percent) of the white families below the poverty level ($3,743 for a nonfarm family of four) received public assistance that year.[2]

To what extent poor people do not receive public assistance because of the relative inaccessibility of services remains an open question. But, at the least, it is not unreasonable to expect public welfare services to be readily available to the kinds of neighborhoods served by multiservice centers. Again, such services may well be available without being decentralized into neighborhood centers. But it goes without saying that those public welfare services that are so decentralized are at least as available as they would be otherwise and have the advantage of more ready access to still other services provided by the center.

In any event, assuming the desirability of having public welfare services accessible to persons needing them, the substudy reported here examined, from the public welfare perspective, the extent to which such services have been decentralized into neighborhood centers and the extent to which problems have occurred in the process. Further aims of the study concern distinguishing those agencies that do participate from those that do not and exploring ways and means of increasing such participation.

Following the initial screening of multiservice centers for the National Study, a multistage stratified sample of 250 centers was drawn from the 1,247 centers identified in metropolitan sampling areas and a random systematic sample of 75 centers was drawn from the universe of 481 centers identified in nonmetropolitan areas.[3] Some 92 public welfare agencies were located in the metropolitan areas containing the sample of 250 centers, and 63 were located in the nonmetropolitan areas from which the sample of 75 was drawn, yielding a total sample of 155 public welfare agencies. Agency directors were interviewed by telephone; only one refused to participate. Of the 154 agencies queried 106 were not involved in multiservice center activities, 39 had staff

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members placed in such centers, and nine had staff members placed in centers within the past 3 years. The 39 with staff members in multiservice centers had a total of 288 workers placed in some 122 neighborhood centers.[4] The nine former participating agencies were combined with the 39 participating agencies so that, in this report, 48 participating and 106 nonparticipating agencies provide the data.

Though the central focus of this study is on distinguishing public welfare agencies with staff members placed in centers from those that do not have staff members so placed, an examination of the entire sample of 154 agencies points up the range of variables used in this effort. Information on the agencies concerns their location, organizational structure, organizational climate, staff size and composition, the importance the administrator attaches to having staff members assigned to centers live in the neighborhood served, selective administrative problems, and the agency directors' relative assessments of agency central office and neighborhood center. Other information includes findings about the participating agency's structure, program, and problems; the recipients' organizational attachments; center impact; and findings about the nonparticipating agency on the question of decentralization of programs into neighborhood centers. The next to last section deals with the core problem of distinguishing the public welfare agencies that have placed staff members at multiservice centers from those that have not. And the final section develops implications from the findings.

Description of public welfare agencies

A brief look at the location, structure, size, and climate of the 154 respondent public welfare agencies indicates the kinds of agencies examined in relation to the national sample of neighborhood centers. As such, these agencies represent not all public welfare agencies but those operating in areas in which multiservice neighborhood centers are located.

Location. About six in 10 (60 percent) of the 154 agencies are located in metropolitan areas.

Organizational structure. Nearly two-thirds (65 percent) operate entirely out of a central office; the other third (35 percent) are organized into district offices. Of the agencies with district offices, half have fewer than five (24 percent); a quarter have 10 or more such offices.

Staff size and composition. Nearly six in 10 (57 percent) of the 154 agencies employ fewer than 100 full-time professional and semiprofessional workers;[5] less than three in 10 (27 percent) between 100 and 400; and less than a fifth (16 percent) 400 or more. Though all of the agencies employ professional workers, only seven in 10 (73 percent) employ semiprofessional workers (that is, persons with no special education or training, but who may have special knowledge of the program—may serve as case aides, for instance—and may be former public welfare recipients).

Organizational climate. Without exception, the public welfare directors think that workers stick pretty close to agency policies and procedures, and more than nine in 10 think that though there are many such policies and procedures to be learned (97 percent), they are clearly explained (96 percent) and that worker assignments are clearly defined and logically structured (94 percent). Yet more than half (55 percent) indicate that such formal procedures are kept to a minimum, and more than six in 10 directors (63 percent) report that the agency is not concerned about formal organization and authority so long as workers do a good job. At the same time, one out of every two directors (51 percent) thinks that agency effectiveness sometimes suffers from insufficient organization and planning.

All the directors think that a friendly atmosphere prevails among the workers at the agency, and nine in 10 think that workers are proud to work in the agency (97 percent) and consider themselves members of a smoothly functioning staff (94 percent). None of the directors reports staff workers to be cool and aloof toward each other, and only one in 10 reports that workers do not seem to have very much loyalty for the agency.[6]

The picture that emerges, then, is one of a formal bureaucratic structure with which, nevertheless, workers are able to identify and within which they are able to maintain friendly relations—at least in the opinion of the agency directors.

The data just presented describe selected aspects of the public welfare agencies in general and, as mentioned previously, indicate those characteristics that were examined to determine aspects associated with the participation of agencies in neighborhood center activities. The following sections deal with issues of more direct concern to the problems arising from such participation and the prospects for public welfare service integration in the neighborhood center.

Importance of living in the neighborhood. To assess the commitment of the agency to the neighborhood served, all directors were asked how *important* they thought it was for staff members to live in the area served. Close to two-thirds (62 percent) think it *not very important,* and just over one in 10 (13 percent) think it *very important.* Of those thinking it *not very important,* over half (53 percent) believe that workers can be sufficiently aware of recipient needs and the services available to them without living in the neighborhood. Less than two of every 10 express these opinions: requiring a worker to live in the neighborhood is an imposition, inasmuch as such areas do not generally have adequate facilities (15 percent); it is unnecessary to have workers live in the neighborhood because of the small area served and the good transportation available (15 percent); or workers who live in such areas get too involved, lose their

objectivity, and cause administrative problems for the agency (12 percent). Among the one in three directors who thinks it is *important* for workers to live in the neighborhood, a fourth cite the chance for better support and acceptance from recipients, nearly two in 10 (17 percent) point to the desirability of the worker being able to identify with the neighborhood, and a 10th suggest that living in the neighborhood enables workers to have better knowledge of the people and more ability to coordinate available resources.

Administrative problems. All directors were also asked whether they thought it likely that workers in such centers feel conflict over the demands of the center on the one hand and of the parent (public welfare) agency on the other. They are clearly divided on this issue: over half (52 percent) believe that workers do feel such conflict; four of 10 (41 percent) are persuaded that they do not. Not quite one in 10 (6.6 percent) does not know whether workers feel conflict over such demands.

More of the directors (66 percent), however, are convinced that workers are not likely to lose their identification with the parent agency: a quarter (24 percent) believe that workers placed in neighborhood centers are likely to lose their identification, and close to a 10th (9.2 percent) say they do not know.

Agency-center comparisons

Finally, to develop further bases for comparing participating with nonparticipating agencies, the 154 directors were asked a series of questions about their perceptions of the differences between the (central office) agency and the (decentralized) neighborhood center. On this point staff qualifications, staff preference for settings, and the duration of the eligibility process were explored.

Staff qualifications. Nearly four in 10 (38 percent) of the public welfare directors believe that workers need special qualifications for working in multiservice centers; the rest believe that workers need neither more nor less experience or qualifications than those of the central office staff. Among the kinds of additional qualifications or experience mentioned as important for center workers are the following: college degree (29 percent), social work training (27 percent), orientation to neighborhood (25 percent), and special training in public welfare programs (24 percent). Throughout the free responses of those administrators who believe that workers need special qualifications are undertones indicating that center workers are more likely to be isolated and "on their own" and, for this reason, must know more about agency programs and be better prepared to make use of neighborhood and community resources.

Staff preference for settings. All public welfare directors were also asked whether they thought that staff members would prefer working at a central office or at a neighborhood center. More than four in 10 (42 percent) believe workers prefer the central office; nearly three in 10 think that they prefer the neighborhood center (28 percent) or say they do not really know (30 percent).

Duration of the eligibility process. Similarly, the directors were asked about the process of eligibility determination and whether they believe it takes more, less, or about the same time at a neighborhood center as it does at the central office agency. Nearly six in 10 (58 percent) believe that it would take just about the same time to either certify or deny assistance; one in 10 (9.1 percent) thinks it would take less time to complete the process at the center; and a fifth (19 percent) believe that eligibility determination would take more time at a neighborhood center than at a central office. Thus, despite the fact that one justification for the center is that services would take less time to deliver, more than three of every four agency directors (77 percent) believe that the process of eligibility determination can be completed just as quickly—if not more quickly—at the agency than at the neighborhood center.

A series of questions were also put to the directors about the relative capability of one or the other form of organization. Table 1 indicates some of the further distinctions that public welfare directors make between the central office and the neighborhood center. The table also indicates that public welfare directors have the least question about the issues of operational efficiency and meeting recipient needs. They are much less clear about the implications for staff, services, and interagency cooperation. More than six in 10 believe the centralized organization is more efficient (61 percent) and the decentralized organization more able to meet recipient needs (63 percent). More than four in 10 (45 percent) think that a centralized program is better able to attract qualified staff members, and about three in 10 (29 percent) believe this is more characteristic of decentralized programs. As many as a quarter (26 percent), however, are unable to express themselves one way or another on this issue. A few more directors believe that centralized programs (44 percent) are able to offer higher quality services than decentralized programs (38 percent).

Additional findings from participating agencies

All the data developed and discussed in the preceding sections are available from both the participating and nonparticipating agencies and serve as the basis for the analysis in the next to last section in this article. To further explore some of the problems and prospects for the participation of public welfare agencies in the activities of neighborhood centers, however, a series of special questions were asked of the agencies that do place staff members in such centers and another of the agencies that do not. The findings from these questions are discussed below.

Organizational structure. The 48 directors of the participating public welfare agencies were asked whether an agency person or

Table 1. Assessments of selected dimensions of centralized and decentralized programs

Dimensions	Percent answering centralized programs	Percent answering decentralized programs	Percent answering don't know	Total number
More efficient in operation	61	29	9.8	(153)
Attract more qualified workers	45	29	26	(153)
Offer higher quality services	44	39	18	(153)
Enjoy more cooperation from other agencies	38	47	15	(153)
More nearly meet recipient needs	26	63	11	(152)

center person is responsible for the day-to-day supervision of staff workers placed at the neighborhood centers. More than eight of 10 (85 percent) say an agency person assumes this responsibility. At the same time, nearly two-thirds (64 percent) of these supervisors are located in the agency central office—at some distance from the center. Regardless of the arrangement for supervision, however, seven of every 10 directors (71 percent) believe that it does not create any particular problems for the participating agency. However, among the primary issues raised by the close to three in 10 directors (27 percent) who do concede the existence of problems are those of conflicting loyalties, difficult communication between agency and center, and problems involving the transmission of files and agency documents.

The participating directors were also asked whether or not they rotate the agency workers who are placed in centers. Seven of every 10 (71 percent) do not but place center workers more or less permanently.

Agency program. Patterns of referral between the central office and the neighborhood center were also explored. On the one hand, more than eight of 10 of the participating agency directors (83 percent) report making referrals to centers, but in only half the cases (53 percent) are such referrals made through the agency workers placed at centers. On the other, more than nine of every 10 centers (96 percent) make referrals to the public welfare agency (central or district office), and only four in 10 (42 percent) are handled by the workers placed at neighborhood centers.

Administrative problems. As mentioned, half of all agencies think that staff workers are likely to feel conflict over demands from the center on the one hand and the public welfare agency on the other. Concerning this conflict, the 48 directors of the participating agencies were asked how, in fact, such a situation is usually resolved. Six in 10 (62 percent) say it is usually resolved in favor of the agency; less than a 10th (7.7 percent) in favor of the center; and close to a third (27 percent) through conferences with interested persons and a process of agency-center negotiations.

Organizational attachments. The study also looked into the matter of the relationship of the persons served to their neighborhood and the larger community through their involvement with organizations. It was found that persons served by the participating agencies are variously involved in neighborhood and community organizations: welfare rights organizations (92 percent), neighborhood associations (83 percent), civil rights groups (70 percent), and tenant unions (57 percent). However, less than a fifth of the directors reports that "many" of the persons they serve are involved in welfare rights organizations (16 percent) and neighborhood associations (15 percent). At the same time, as many as four in 10 report few or none of the persons they serve are involved in neighborhood associations (40 percent) or welfare rights organization (46 percent). Nearly half (48 percent) say that few or none of the persons they serve are involved in tenant unions, and more than six in 10 (64 percent) report that few or none are involved in civil rights groups.

The effect of centers on agencies. Finally, to obtain their assessment of the impact of the neighborhood center on the public welfare agency itself, the 48 directors of participating agencies were asked about the assignment of staff members to centers and the possible effects of such assignments. Half of the directors say that centers have had an effect on their agencies' plans for the future, less than half (46 percent) report an effect on agency staff members, four in 10 (38 percent) an effect on agency programs, and only slightly more than one in 10 (13 percent) an effect on agency policies as such.

Additional findings about nonparticipating agencies

To further explore the problems of and prospects for public welfare agencies participating in the activities of multiservice neighborhood centers, the 106 directors of the public welfare agencies that did not have staff members placed in centers were asked if their agencies had ever discussed the possibility of decentralization. More than half (54 percent) report that their agencies had never discussed the possibility. In the more than four in 10 agencies (41 percent) in which such decentralization had been discussed, the idea originated in the public welfare system in nearly a third (31 percent) of

the cases. Only two of the public welfare directors (4.2 percent) report that the idea of decentralization originated with the Social and Rehabilitation Service. In more than one in every 10 instances, the idea originated with an interagency group (17 percent), a local government department (15 percent), or the voluntary health and welfare council or its equivalent (13 percent).

More than three out of four of these directors (77 percent) report that they were in favor of the move at the time it was discussed in the agency. They volunteered a variety of reasons why the agency did not move to decentralize its programs into neighborhood centers: three in 10 (31 percent) suggested that lack of funds made such a move impossible; a fourth said that local officials were unconvinced about, if not hostile to, the idea; another fourth said it was necessary to obtain additional and more qualified staff members; and more than a fifth suggested that there were too many administrative problems and that some staff members were adverse to the idea (23 percent). Other reasons cited concerned the unavailability of space (17 percent), poor transportation (13 percent), and the resistance of other community agencies (10 percent). Given the current interest in the participation of public welfare in multiservice centers, it is worth noting that less than two in 10 (15 percent) of the agencies that had at least discussed the idea report that they are presently in the process of planning to decentralize their programs into multiservice centers.

Those directors whose agencies had never discussed the possibility of such a move were also asked whether or not they would now favor decentralizing their programs into neighborhood centers. Over half (53 percent) favor the idea, but three in 10 (31 percent) are against it, and less than two in 10 (16 percent) say they don't know whether they would favor such a move.

These directors were also asked how important it is, in their opinion, for the agency to retain administrative control over public welfare workers placed in multiservice centers. Nearly eight of 10 (79 percent) say it is *very important,* and just over a 10th (12 percent) say *somewhat important.* Less than 5 percent say it is *not very important* (4.7 percent) or that they *don't know* (3.8 percent).

Participating and nonparticipating agencies

This section deals with the central question probed in this study: Do participating and nonparticipating agencies differ in selected aspects of their organizational structure, working climate, staffing patterns, agency programs, or certain perceptions of the agency director? To determine some of the possible differences, a special analysis of the data was undertaken. All comparable items previously described and discussed were analyzed by participating and nonparticipating agency. Table 2 presents those associations that are statistically significant (that is, they are at the .05 level of significance or better with a two-tailed test).

Table 2 indicates that of all the variables analyzed only certain aspects of agency location, structure, size, worker role, staff composition, and the organizational assessment of agency directors are significantly associated with the participation of public welfare agencies in multiservice centers. Briefly, the significant findings are as follows:

- Participating agencies are more likely to be located in metropolitan areas.
- Participating agencies are larger in size.
- Participating agencies are more likely to be organized in district offices.
- Participating agencies are more likely to employ semiprofessional workers.
- Participating agencies are less likely to think that workers will lose their identification with the agency.
- Participating agencies are more likely to be concerned with formal organization and procedures.
- Participating agencies are less likely to believe that centralized programs are more efficient in operation and more likely to believe that decentralized programs attract more qualified workers and enjoy more cooperation from other agencies.

Perhaps at first glance the only surprise among these associations is the extent to which participating agencies are more likely than nonparticipating agencies to be concerned with formal organization and procedures. One might have expected the participating agencies to be more disposed toward less formal practices and procedures in their own agency operations because they are more often organized in district offices—and thus are presumably smaller and less formal—and because neighborhood centers themselves are reputedly less given to formal structure and procedures. According to this line of reasoning, a less formal style would be more in keeping with the multiservice neighborhood center and, consequently, more attractive to the center. The less formal center should attract less formal agencies to its "family."

Yet we can see that size is also related to participation: larger agencies are more likely to place workers in

Table 2. Characteristics of agencies found to be associated with public welfare participation in multiservice neighborhood center activities

Characteristics	Number of participating public welfare agencies	Number of nonparticipating public welfare agencies	Total N[1]
Agency located in metropolitan area	39	53	92
Agency located in nonmetropolitan area	9	53	62
		$X^2 = 13.07$ $p<.005$	
Agency employs semiprofessional workers	42	70	112
Agency does *not* employ semiprofessional workers	6	36	42
		$X^2 = 7.67$ $p<.02$	
Agency operates from a central place	20	80	100
Agency operates from a district office	28	26	54
		$X^2 = 16.5$ $p<.005$	
Agency has between 1 and 99 paid full-time workers	11	76	87
Agency has between 100 and 399 full-time workers	21	21	42
Agency has 400 or more paid full-time workers	16	9	25
		$X^2 = 33.4$ $p<.005$	
Agency is *not* particularly concerned with formal organization and authority, as long as workers do a good job	24	69	93
Agency is concerned with formal organization and authority	24	30	54
		$X^2 = 5.29$ $p<.025$	
Formal procedures of agency are kept to a minimum	17	67	84
Formal procedures are *not* kept to a minimum	31	38	69
		$X^2 = 10.7$ $p<.005$	
Agency workers are likely to lose their identification	7	30	37
Agency workers are *not* likely to lose their identification	40	61	101
		$X^2 = 5.15$ $p<.025$	
Centralized programs are more efficient	23	71	94
Decentralized programs are more efficient	20	24	44
		$X^2 = 6.15$ $p<.02$	
Centralized programs attract more qualified staff workers	14	55	69
Decentralized programs attract more qualified staff workers	21	24	45
		$X^2 = 5.08$ $p<.025$	
Centralized programs enjoy more cooperation from other agencies	11	47	58
Decentralized programs enjoy more cooperation from other agencies	31	41	72
		$X^2 = 9.04$ $p<.005$	

[1] *Where individual totals do not add to 154, it is because of "don't knows" and, in very few instances, no answers.*

centers than smaller agencies. To the extent that size is also related to standardized practices and formal procedures, it may be that the sheer size of agencies contributes heavily to both formalization and decentralization—that is, to the formalization of policies and procedures and the decentralization of programs, first into district offices and subsequently into neighborhood centers.

By the same token, as we have also seen, nonparticipating agencies are less concerned about formal organization and procedures than participating agencies. And certainly no theory that suggests "likes attract" applies

here either. But, again, we know that these less formal agencies are smaller in size, and to the extent that smaller agencies have less need for formal policies and procedures, and, indeed, to the extent that they feel close enough to the people they serve by virtue of their size, they would perhaps feel less need to decentralize their programs.

In any event, it seems likely that the introduction of highly standardized and formal programs into neighborhood settings that, perhaps, by nature, are more free-wheeling and flexible would create a situation calling for compromise and modification of practices on both sides.

From the point of view of the nonparticipating agencies—those that do not have staff workers assigned to neighborhood centers—it is perhaps no wonder that they do not participate in multiservice neighborhood centers, given the extent to which they operate from a central office and consider centralized programs as more efficient and more likely to attract better staff workers and enjoy more cooperation from other community agencies. The extent to which they are less convinced that staff workers assigned to centers will not lose their identification with the public welfare agency and the extent to which they are smaller and may not feel the same need as larger agencies to decentralize doubtlessly contribute still further.

For a complete list of those variables that were examined and found not to be significantly related to the participation of public welfare agencies in multiservice center activities, see table 3.

The prospects for increased participation

As the data indicate only a fourth of the public welfare agencies surveyed were participating in multiservice activities. Among the nonparticipating agencies, six in 10 (61 percent) of the directors favor the idea, but more than a fourth are clearly opposed, and more than one in 10 (13 percent) do not yet know where they stand on this issue. Of the more than half (54 percent) that have at least discussed the idea, three in four (77 percent) are in favor—in fact, some 15 percent say they

Table 3. Characteristics of agencies found not to be associated with public welfare participation in multiservice neighborhood center activities

Characteristic	Number of participating public welfare agencies	Number of nonparticipating public welfare agencies	Total
Total	48	106	154
Organizational climate			
Workers stick to standard policies			
Agree	48	105	153
Disagree	---	---	---
Workers learn many rules			
Agree	48	81	120
Disagree	---	4	4
Policies have been clearly defined			
Agree	45	101	146
Disagree	3	4	7
Agency effectiveness sometimes suffers			
Agree	27	50	77
Disagree	21	55	76
A friendly atmosphere prevails among workers			
Agree	48	105	153
Disagree	---	---	---
People are proud to work in the agency			
Agree	45	103	148
Disagree	3	2	5
Workers believe the staff functions well			
Agree	42	102	144
Disagree	5	3	8
Workers feel little loyalty			
Agree	5	10	15
Disagree	40	95	135
Workers feel cool toward each other			
Agree	---	---	---
Disagree	48	105	153

(continued overleaf)

Table 3. Characteristics of agencies found not to be associated with public welfare participation in multiservice neighborhood center activities–continued

Characteristic	Number of participating public welfare agencies	Number of nonparticipating public welfare agencies	Total
Agency program			
Duration of eligibility determination			
1 day or less	8	59	67
2-7	3	17	20
8-14	10	13	23
15-21	11	8	19
22-29	5	2	7
30 days or more	11	7	18
Staff composition			
Equivalent, full-time professional workers			
1-99	13	77	90
100-399	20	20	40
400 or more	15	8	23
Equivalent, full-time semiprofessional workers			
1-19	16	48	64
20-99	15	18	33
100-or more	11	4	15
Important to live in neighborhood			
Very	6	14	20
Somewhat	8	22	30
Not very	33	61	94
Administrative problems			
Workers likely to experience conflicting demands			
Yes	26	53	79
No	21	42	63
Agency-center comparisons			
Workers need special qualifications	15	44	59
Workers need no special qualifications	33	57	90
Workers likely to prefer center	13	30	43
Workers likely to prefer central office	11	53	64
Duration of eligibility determination at center			
More than at agency	4	25	29
Less than at agency	6	8	14
Same as agency	27	63	90
Programs offer higher quality services			
Centralized	19	48	67
Decentralized	22	37	59
Programs meet more recipient needs			
Centralized	10	30	40
Decentralized	32	63	95

are presently planning to decentralize into neighborhood service centers. But of those that have not even discussed the idea, only half (53 percent) are in favor.

On the face of it, then, the participation of public welfare agencies in the activities of multiservice neighborhood centers is minimal to modest. Because of the present emphasis on moving social services closer to the people who need them, what actions can be taken to increase such participation by public welfare agencies?

TENTATIVE LEADS from the findings reported in this article suggest the following steps might be taken:

- Provide agencies with incentives to decentralize–money, manpower, and materials sufficient to do the job.
- Convince agencies that staff workers are not likely to lose their identification.
- Persuade agencies that decentralized programs are also attractive to qualified staff workers and enjoy the cooperation of other community agencies.

- Encourage agencies to employ semiprofessional workers.
- Help agencies recognize that though there are administrative difficulties, conflicting loyalities, and problems of access and communication, they are usually resolved to the satisfaction of the agency.
- Reinforce the belief held by most directors that the needs of public welfare recipients are better served through decentralized programs. And this is, after all, the whole idea.

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[1] *Defined in the study as offering two or more direct services full time to broad segments of the people in the area served. Centers were not included if they provided information and referral service only; one type of service only; served special groups of persons only; or were located in counties without an urban place of at least 10,000 population.*

[2] *U.S. Department of Labor, Bureau of Labor Statistics, and U.S. Department of Commerce, Bureau of the Census,* The Social and Economic Status of Negroes in the United States, 1970, *BLS Report No. 394,* Current Population Reports, *Series P-23, No. 38 (Washington: The Bureaus), July 1971, p. 43.*

[3] *Briefly, 3,358 centers across the country were tentatively identified as multiservice centers, from which total a random draw of three out of four was made to produce a sample of 2,500 locations. Following the initial inventory mailings, some 200 of these centers were positively identified as not being centers. The remaining 2,300 locations (not necessarily multiservice centers) were filed by sample metropolitan areas (1,247), nonsample metropolitan areas (572), and nonmetropolitan areas (581). A stratified sample of 250 centers was drawn from the 1,247 centers located in the metropolitan sampling areas and a random systematic sample of 75 centers was drawn from the nonmetropolitan universe of 481 centers. Some 92 public welfare agencies were determined to be located in the metropolitan areas containing the sample of 250 centers and 63 such agencies were found to be located in those nonmetropolitan areas from which the sample of 75 centers was drawn. These 155 public welfare agencies subsequently identified 122 centers in which they had a total of 288 outstationed workers.*

[4] *It is estimated that less than 2,000 (between 1,700 and 1,900) public welfare workers are assigned to between 700 and 800 centers across the country. Of the 325 centers drawn in the multistage probability sample, 76 (23.4 percent) were reported by the welfare agency directors who were interviewed to have public welfare workers assigned to them. Of the 76, 73 reported having 178 such workers or an average of 2.44 per center. (Some 46 nonsample centers were reported to have 110 public welfare workers). Projecting to the universe of 3,358 centers originally identified, less 200 that were positively determined not to be multiservice (23.4 percent of 3,158), it is estimated that 739 centers have some 1,803 (739 times 2.44) public welfare workers assigned to them. Again, however, these centers are not necessarily multiservice centers and though it is estimated that some three of four of the original 3,358 centers are multiservice, the same proportion cannot be assumed to hold for those centers in which public welfare agencies participate.*

[5] *These figures represent combinations of full- and part-time professional workers and semiprofessional workers expressed in full-time equivalents.*

[6] *A somewhat modified version of the items comprising the scales (constraining conformity, organization clarity, and friendly team spirit) developed by Herbert H. Meyer was used to picture the organizational climate of the agencies. For a description of these and other dimensions of organizational climate, see Herbert H. Meyer, "Achievement Motivation and Industrial Climates," in Renato Tagiuri and George H. Litwin, eds.,* Organizational Climate: Explorations of a Concept *(Cambridge: Harvard University, Graduate School of Business Administration), 1968, pp. 151-66.*

The Employment Potential Of AFDC Mothers in Six States

Betty Burnside

Data from studies on the employment potential of women heading families receiving public assistance (aid to families with dependent children—AFDC) all point to the conclusion that many such women are employable and are willing to work but that formidable barriers stand between them and employment.[1] A recent six-State study conducted by the National Center for Social Statistics, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, adds additional evidence to this conclusion. The study population included all AFDC mothers in California, Maine, Maryland, Minnesota, New York, and Oklahoma residing at home and receiving assistance payments during May 1969. Questionnaires were mailed to a representative sample of women in each State; 65.5 percent (558 from a total of 852) were completed and returned.[2] About three in 10 of all AFDC families live in California and New York. However, because the study did not include all sections of the country—no State in the Deep South was included, for example—the findings should not be generalized to all AFDC mothers in the United States.

Measures of employability

The indicators used in the six-State study to measure employability are work history, job stability and recency of employment, type of work pursued, education, child care needs, and motivation.

Work history. A woman who has worked usually has an advantage over one who has not. On this criterion most of the women in the study were potentially employable. At least two in 10 were employed, and at least four in 10 others had been employed full time before the study period, usually after they had children:

	Employed full or part time *(percent)*	Unemployed but previously employed full time *(percent)*
California	30	40
Maine	22	65
Maryland	19	59
Minnesota	24	57
New York	20	56
Oklahoma	18	40

Job stability and recency of employment. Among the women who were employed or who had been employed, two in 10 had spent 2 or more years in the same job, and most of those who were working expected their jobs to be permanent. At least three in 10 of those previously employed had left their last jobs in the past 2 years.

The incidence of employment in 1969 was lower for these AFDC women (at least one in four in each State) than for married women in the general population (two in four).[3] But the study may understate their employment rate because the questionnaire was mailed before the close of the year (September-November) and information was requested from the unemployed women about their previous *full-time* employment only. The extent of understatement, however, could hardly offset the difference in employment rates.

Type of employment. Nationwide, service work is the usual occupation of four in 10 AFDC women who have worked.[4] Service work includes private household and domestic work and nondomestic jobs such as waitress, nurse's aid, and hairdresser. In the six-State study, service work was the most frequently reported usual occupation, but employed women were more likely than unemployed women to report "nondomestic" service work as their usual occupation. Also, their current jobs were more likely to be nondomestic, a category that generally pays better, is more stable, and is of higher

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status in the occupational hierarchy than domestic service work. Among all females 16 years old and over in the U.S. population, service work is the major occupation of 22 percent,[5] and the ratio of nondomestic to domestic service worker is about three to one, which is a ratio close to the ratio for employed AFDC women. Thus the women in the study doing some kind of service work were near the U.S. norm for their division of labor in the occupational grouping.

Education. Educational differences in the two groups of women reflect differences in the status of their usual occupations. In most of the six States, employed AFDC women were better educated than unemployed AFDC women, whether or not the latter had ever worked full time. More were high school graduates and more had taken courses or training after leaving regular school, at whatever grade level. But the educational level of both was generally lower than for females 14 years old and over in the U.S. population, of whom 52 percent have completed high school:[6]

	Employed		Unemployed	
	High school graduate *(percent)*	With post-school courses or training *(percent)*	High school graduate *(percent)*	With post-school courses or training *(percent)*
California	41	44	28	22
Maine	42	33	21	26
Maryland	24	33	12	26
Minnesota	54	50	37	21
New York	25	40	26	13
Oklahoma	25	25	25	19

The employed women with postschool courses or training most often had taken business courses, but there was no consistency in the kinds of courses the unemployed women had taken. Both groups of women, however, believed they needed training or education to do the work of their choice. Some of the unemployed women were in training. At least one in eight was either enrolled or awaiting enrollment in a work or training program:

	Unemployed	
	Enrolled in work or training program *(percent)*	Awaiting enrollment *(percent)*
California	11	16
Maine	2	12
Maryland	4	20
Minnesota	4	8
New York	5	9
Oklahoma	-	13

At least one in three women in each State reported that a worker at the welfare agency had talked to her about going to school or taking job training, but a much smaller proportion said they had actually received agency help. Very few employed women had been helped in getting their present jobs. Thus, at least as reported, agency help was slight. Of course, the number of openings in the Work Incentive Program (WIN) in any geographic area is restricted by available funds. Furthermore, not all AFDC recipients are potentially referable to such programs.

Child care needs. In the six-State study the unemployed mothers were more likely than the employed mothers to have children in the age groups for which child care would normally be needed, infants through age 14. And more of the unemployed mothers were under 30, meaning that they were more likely to have young children. Should they go to work, the unemployed mothers expected to have child care arrangements similar to those of the average working mother in the United States.[7] Care in the family home was the first choice, followed by care in someone else's home, regardless of the children's ages. Relatively few women expected to use day care centers. Arrangements made by employed mothers differed only for children under age 6, who were as likely to be cared for in another home as in their own.

Attitude. The women were asked to write in what they thought were some of the "good things" and some of the "bad" about a mother's having a job outside the home.[8] The major advantages of working, as reported by the mothers, related to economic and social betterment, the major disadvantages to possible ill effects on the children. Three advantages were most frequently mentioned: being able to provide a better living for the family, gaining feelings of independence and pride, and getting diversion from family duties and housework. Employed women were more likely than unemployed women to stress independence and pride, an indication that the immediate experience of working had probably intensified such feelings. Increased self-reliance in the children, a minor category in advantages listed by all women, was more often mentioned by employed women. Thus the advantages the working women experienced apparently exceeded the expectations of those without jobs.

The three most frequently mentioned disadvantages were contravention of the maxim "Mothers should stay home with their children," reduced parental supervision of children, and worry about child care. Because

unemployed women were more likely than employed women to say that mothers should stay home with their children, self-justification may have been involved, although, in general, the unemployed mothers did have greater child care responsibilities than the employed mothers. The disadvantage of low pay and high work expenses, implying that it just doesn't pay to work, was also mentioned more often by unemployed mothers. This attitude might also involve self-justification, but it is more likely that the mothers were merely expressing the reality of their situation, given their education, work history, and family needs. Mothers who had jobs, as compared with those who didn't, expressed greater concern about child care. However, when asked specific questions about present child care, most said they were satisfied. Employed women were more likely than unemployed women to say that one disadvantage of working was having less time to spend with their children. Their attitude toward reduced parental supervison was about the same.

In reply to two separate questions about employment, the unemployed women answered as follows:

	Unemployed	
	Wants to work in steady job, provided adequate child care is available *(percent)*	Expecting to work later on *(percent)*
California	59	59
Maine	52	76
Maryland	63	66
Minnesota	56	75
New York	59	53
Oklahoma	55	57

Survey replies, of course, cannot be accepted uncritically. A woman's saying she would work if certain conditions were met or expects to work later on does not necessarily predict actual behavior. Nevertheless, the replies should differentiate the relative propensity of the unemployed women to accept employment. More than half the women who said they wanted to work either wanted full-time employment or didn't care whether it was full or part time as long as they had a job. In each State one in six of those wanting to work was looking for a job.

Most unemployed mothers who said they did not want to work even if a steady job and adequate child care were available gave as a reason either domestic responsibilities or personal health, but more often the first than the second. These are the two most important reasons given by AFDC women for not working as reported in other studies.[9] And child care needs and personal health, as well as pregnancy, were the reasons previously employed mothers most often gave for leaving their last jobs.

Before being asked any specific questions about their work history or expectations, all the unemployed women were given a checklist of "things that some women need before they can go to work" and asked to name those applicable to their situation–help in finding a job, job training, more education, good child care at home or in a day care center, transportation, clothing, medical care, and eyeglasses or dentures. In this more general context, child care and the mother's health as deduced from her stated need for medical care were relatively less important than job training, suitable clothing, and transportation. Thus the woman's focus seemed to be more on her potential role as an employee than on her role as a homemaker.

In the six States unemployed women, as compared with employed women, were more likely to have received public assistance oftener (three or more times) and to have received assistance for longer periods (4 or more years). Conversely, employed women were more likely than unemployed women to have moved off public assistance by the time they received the mail questionnaire in 1969. (When the sample was drawn in May 1969, all the mothers were AFDC recipients.) Some unemployed women left public assistance because another family member had obtained employment or an absent husband had returned. Nevertheless, most mothers still needed and received public assistance, even though some were able to supplement public assistance with their earnings:

	Employed mothers receiving public assistance *(percent)*	Unemployed mothers receiving public assistance *(percent)*
California	81	91
Maine	83	90
Maryland	43	90
Minnesota	82	86
New York	70	90
Oklahoma	85	93

Discussion of findings and implications

The central finding of the study is that most AFDC women in the six States were either employed or potentially employable *if certain conditions could be met.* The major obstacles to employment were poor health and domestic responsibilities, primarily child care: these were the main reasons given by the women

for not wanting to work at the time of the study as well as for leaving previous employment. Those who said poor health kept them from seeking employment were not always specific about their health conditions, and thus it is not possible to estimate the severity and possible duration of their illnesses or disabilities. However, as pointed out, in the unemployed mothers' replies about various preemployment needs, medical care was given much less emphasis than job training, suitable clothing, and transportation. The implication here is that for many women health conditions would not indefinitely rule out employment. Nationally, 14 percent of all AFDC mothers are physically or mentally incapacitated.[10] The Social and Rehabilitation Service of the U.S. Department of Health, Education, and Welfare estimates that nearly half of these incapacitated women would have employment or training potential if they could be given a year or more of intensive social and rehabilitative services.

Comparisons between employed and unemployed women highlight some of the steps necessary to make AFDC women employable. The principal action steps, based on the six-State study, are to raise the level of education, increase work skill, and make adequate child care available.

These recommendations are certainly not new. They reflect findings from other studies of AFDC women, families headed by women, and low income persons in general as well as the six-State study. Restating them merely emphasizes some of the most important requisites for the employment of AFDC women in any appreciable numbers. The most recent figures available, for January-March 1970, show that the number of AFDC women employed is not large in relation to the total number of AFDC women.[11] During this period about 10,000 AFDC families (in 43 States) were able to leave public assistance because the mother went to work or her wages went up. And the average number of families receiving AFDC in any 1 month was 1.6 million. In March 1971 an estimated 360,000 of the 2.5 million mothers receiving AFDC were employed either full or part time. To effect a sizable increase in the number of AFDC women employed will require a considerable allocation of resources. For example, the current estimate of the combined State and Federal cost of day care per year is over $1,300 for each AFDC child.[12] Education and training costs for the mother in addition to day care would greatly increase the total cost of achieving the goal of employment for all AFDC women with employment potential.

That the AFDC women subscribe to the work ethic regardless of their employment status is indicated by the items they emphasized in listing the advantages of working. They believed that employment would bring independence and pride to them and a better standard of living to their families. They considered work a stimulus to self-esteem. That employment is a means of leaving public assistance is indicated by the higher proportion of women with jobs, as compared with unemployed women, who were no longer receiving public assistance when the survey was conducted.

THUS THE STUDY FINDINGS refute the myth of the welfare mother who would rather sit and collect her welfare check than go out and earn a paycheck. AFDC women want to work when they are physically able but not at the price of neglecting their children or putting them in unsatisfactory child care arrangements. They recognize that they need more education and work skill to earn enough to support their families. They want to feel the dignity of being wage earners. To help them achieve their work aspirations and realize their employability potential is the major task ahead.

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[1] *Recent articles in* Welfare in Review *on the subject of the employability of AFDC women include these: Perry Levinson, "How Employable Are AFDC Women?" July-Aug. 1970, pp. 12-16; Irene Cox, "The Employment of Mothers As a Means of Family Support," Nov.-Dec. 1970, pp. 9-17.*

[2] *The response rates by States were as follows: California 61.9 percent, Maine 76.1 percent, Maryland 69.4 percent, Minnesota 64.1 percent, New York 57 percent, Oklahoma 70.7 percent.*

[3] *U.S. Department of Labor, Bureau of Labor Statistics,* Work Experience of the Population, 1969 *(Washington: The Bureau), Special Labor Force Report 127, 1971, table A-6.*

[4] *U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, National Center for Social Statistics,* Findings of the 1967 AFDC Study: Data by State and Census Division: Part I, Demographic and Program Characteristics *(Washington: The Center), July 1970, table 41.*

[5] *U.S. Department of Commerce, Bureau of the Census,* Characteristics of Population by Ethnic Origin, November 1969 *(Washington: U.S. Government Printing Office), Series P-20, No. 221, Apr. 30, 1971, table 16.*

[6] *U.S. Department of Commerce, Bureau of the Census,* Educational Attainment, March 1969 *(Washington: U.S. Government Printing Office), Population Characteristics, Current Population Reports, Series P-20, No. 194, Feb. 19, 1970, table 1.*

[7] *Seth Low and Pearl G. Spindler,* Child Care Arrangements of Working Mothers in the United States *(Washington: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau, and U.S. Department of Labor, Wage and Labor Standards Administration, Women's Bureau), Children's Bureau Publication No. 461-1968, pp. 15-16.*

[8] *The questions on attitude toward work were placed at the beginning of the questionnaire to ascertain the respondents' general frame of reference and to prevent bias in response to later, more specific questions. Because the survey was conducted by mail and not face-to-face, nothing further could be done to prevent respondents from reading all questions before answering any of them.*

[9]*For example, U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Office of Research, Training, and Development, Division of Intramural Research,* Welfare Policy and Its Consequences for the Recipient Population: A Study of the AFDC Program *(Washington: The Division), Dec. 1969, p. 127; and Martin Warren and Sheldon Berkowitz,* A Pilot Study of AFDC Employability, Preliminary Report *(Sacramento: California Department of Social Welfare), Sept. 1968, table 18.*

[10]*U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, National Center for Social Statistics,* Findings of the 1969 AFDC Study: Data by State and Census Division: Part I, Demographic and Program Characteristics *(Washington: The Center), Dec. 1970, NCSS Report AFDC-3 (69), table 19.*

[11]*U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, National Center for Social Statistics,* Reasons for Discontinuing Money Payments to Public Assistance Cases, January-March 1970 *(Washington: The Center), NCSS Report A-11 (1-3/70).*

[12]*Committee on Finance, U.S. Senate,* Child Care Data and Materials *(Washington: The Committee), June 16, 1971.*

RESEARCH NOTES

International Cooperation In Research

NEARLY THREE YEARS AGO the U.N. Economic and Social Council called a conference of ministers of social welfare in member nations to examine the role of social welfare programs in national development.[1] The first of its kind, the conference was held in late September 1968 in New York City. Representatives of 87 countries in every region of the world attended. The recommendations of the conference included several concerning social welfare research. One of the most important was that nations should exchange information about research so that each could benefit from the experience of the other, particularly because of the urgent need for better planning of social welfare programs.

The U.S. delegation took responsibility for following through on this recommendation. Followup activities were assigned to the U.S. Department of Health, Education, and Welfare (HEW) and, in turn, to the Social and Rehabilitation Service (SRS). SRS' first major step toward fulfilling this responsibility was the convening of an International Symposium on Social Welfare, May 23-June 9, 1971, in Washington, D.C., in conjunction with The Brookings Institution. An advisory group assisted in preparing for the Symposium. Its members included the U.S. Representative to the U.N. Commission for Social Development; the Commissioner of Social Services, State of New York; a representative of the Office of the Secretary, HEW; SRS staff members; a representative of the U.S. Department of State; and dean of the graduate school of social welfare, Brandeis University.

Representatives of more than 20 nations in North and South America, Asia, Africa, and Europe (including Poland and Yugoslavia) attended, including government officials from welfare agencies and persons responsible for social research programs and researchers conducting research under the special foreign currency program administered by SRS (P.L. 480 funds).[2] Other participants included representatives of the U.N. Commission on Social Development; the U.S. Representative on the U.N. Commission on Social Development; the former Commissioner of Welfare, U.S. Department of Health, Education, and Welfare; the President and Secretary General of the International Council on Social Welfare; the President and Secretary General of the International Association of Schools of Social Work; the Vice President of the World Rehabilitation Fund (Mary Switzer, former Administrator, SRS); and representatives of other voluntary agencies, U.S. universities, and U.S. Government agencies.

The Symposium was held in three sections. The first was a week-long conference during which participants discussed social welfare research and the relation of findings to social policy and programs. The second comprised field trips to three SRS Regional Institutes in Social Welfare, research projects at universities, and the offices of public and voluntary agencies in Chicago, Ill., Atlanta and Athens, Ga., and Albany and New York, N.Y. The third was given to reports on the field trips, to summing up the deliberations of the Symposium, and to making recommendations for followup activities. The first

[1]*For a report on the conference see Wilbur J. Cohen and Dorothy Lally. "International Social Welfare: A Report on the first U.N. Conference of Ministers of Social Welfare," Welfare in Review, Jan.-Feb. 1969.*

[2]*That is U.S.-owned money derived primarily from the sale of surplus agricultural products, spendable only in the country of sale. Excess currency countries are designated by the U.S. Treasury after consideration of amounts needed for embassy and other primary U.S. requirements.*

and third sections were held in Washington.

The first week's program. At the opening session John D. Twiname, SRS Administrator, in a welcoming address, told participants that SRS is committed to producing more social research in the interest of international cooperation. Gregorio Feliciana, Vice President of the International Congress of Social Welfare, spoke on international cooperation in social welfare. Mr. Feliciana is a former Secretary of Social Welfare, Republic of the Philippines, and was president of the 1968 Ministers' Conference.

On the first working day, Herman Stein, Provost, Case Western Reserve University, gave the keynote address on "Social Welfare Policy and Research." On subsequent days, the topics for discussion included building a data base, using data and research findings in social welfare planning and policy, applied research–international research and demonstration projects, manpower research and development, and translating social needs into action. Chairmen of the meetings included George H. Brown, Director, Bureau of the Census; James R. Dumpson, Dean, School of Social Service, Fordham University; and Richard M. Longmire, Associate Administrator for Planning, Research, and Training, SRS. Charles I. Schottland, President, Brandeis University, and President, International Council on Social Welfare, presented a paper at the last meeting in which he predicted a revolution in knowledge in social policy as great as that occurring in economic policy not long ago.

Field visits. The sites included in the field visits were the SRS regional offices in Atlanta (Region IV), Chicago (Region V), and New York (Region II); the SRS Regional Institutes in Social Welfare in these regions; the New York State Department of Public Welfare in Albany; and public and voluntary agencies in the three areas. Each group met with regional or State officials to review operating programs and research planning and use; staff members in the regional research institutes; and faculty members and researchers in universities. Participants were assigned to groups according to their needs and interests, and no group included more than one person from a particular country.

Third session. In reporting on their field visits, the participants said they had found the visits useful and stimulating. But all of them noted that programs lack coordination and that communication is very poor among and between social service groups, whether public or voluntary.

The Chicago group, reporting through two of its members, found their program helpful because it dealt with concrete problems, as they were specifically interested in the assessment of social service delivery, training workers, and developing models. A visit to the Model Cities program was particularly productive.

In the opinion of one member, people in the United States fear government planning, in contrast to the attitude in and practices of his country. Here emphasis is on pragmatic efforts to relieve problems; in most other countries it is on getting at root causes.

Each member of the Georgia group reported on impressions of the various programs he had observed. Informal discussions had been especially fruitful. Two members discussed the family planning programs they had observed, praising them for the humane methods used, particularly one using relatives and young people to help conduct the program. One member of the group pointed out, in view of the Regional Institute's plans to do experimental research, that some of the work in Latin America on "marginality"–a broader term than poverty–might be valuable.

One reporter spoke for the New York group. He said that the group had found the Albany visit a good introduction to New York State's welfare system. In New York City they had discussed with the SRS regional office, the Regional Research Institute, and public and voluntary welfare agencies such topics as the relationship of industry to welfare; family planning; use of the declaration system in determining eligibility for public assistance; separation of services and payments; training and placement of unemployed persons; and child care. Though they thought too much emphasis was placed on money, they considered the men and women they met concerned, earnest, and with a "sense of brotherhood."

The last 2 days of the Symposium were centered on discussions of applying research in the different countries and on future developments in international cooperation in social welfare research. During this discussion participants emphasized the importance of communication, the desirability of coordinated research programs, continuity, long-term research, and support for the regional research centers. They were especially concerned about the need for opportunities to improve research competence. The final conclusion was that the greatest concern is to build each nation's capacity to conduct research–not for the sake of research–but to relate findings to social change. The participants recognized the need to develop a program–a "mosaic of research"–to

produce results that would provide comparable data for international use.

The participants wanted future meetings to center on social policy and training and the use of social workers. They hoped for more services from the United Nations, the Agency for International Development, and HEW. They particularly wanted opportunities to improve training programs for researchers.

The mutual interests shown during the meetings, they said, pointed up the desirability of conducting coordinated research programs in different settings using similar ideas. They also recommended that provision be made for followup activities and that another conference be held soon to define aspects of research of universal interest, to consider common methodology, and to plan larger meetings and the development of other methods of communication.

The final session drew up specific recommendations for followup activities. The major recommendations, in summary, include these:

- A task force should be convened to identify the kinds of research needed in social welfare, from an international perspective. It should also identify gaps in methodology and aspects of research of common concern and develop mechanisms for joint planning.
- Multinational studies should be conducted to produce significant findings and improve the studies and demonstrations made in individual countries. SRS could develop a research program on a particular subject and several countries could cooperate in carrying forward parts of the research.
- Studies should be conducted on marginality, aging, nursing homes, development and training of social service workers, and methods of service delivery such as service centers and other experiments in service delivery.
- Social indicators should be developed. (This need was brought up time and time again during the conference. A subgroup had indicated earlier that 10 or 12 indicators of social welfare changes should be identified.) Indicators should be basic enough to be applicable to the needs of most countries and useful in making comparisons.
- The training of researchers in social welfare should be greatly speeded up.
- Foreign currency due the United States under Public Law 480 should be used to give young researchers experience in the country where the project is located.
- Local social welfare workers with combinations of basic skill needed in different community services should be developed.
- A followup meeting of the Symposium should be held next year, probably in a country other than the United States.
- An SRS planning group should be convened after the Symposium's evaluation report is issued to consider the focus of next year's meeting and to take other followup measures.

Invitations to and preliminary information about the Symposium included a request that participants prepare and have available memorandums highlighting the major fields in which research is needed in their countries and how results would be used. Emphases in the memorandums varied according to circumstances and the state of the art in research in their countries as well as their own predilections. But most of them emphasized the need to identify, analyze, and forecast the goals of social welfare policy; testing the influence and efficiency of social welfare activities and policy; the interrelationship of social and economic development; social security and consumer protection; the importance of research centered on policy (function); and the need for social welfare indicators and other scientific means of measuring the effectiveness of operations and resources, including the money available for social welfare research. Specific subjects noted in the memorandums include the integration of marginal populations in urban-industrial settings, the effect of women's employment on the family, aging, and the training of workers for welfare programs. The memorandums provided a valuable base for Symposium discussions.

The Brookings Institution is preparing the report on the Symposium. It is scheduled for issue at the end of October.

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From The 1970 Census

Cities With The Largest Negro Populations

ALMOST HALF (46 percent) of the Negro population in the United States lives in 50 cities, according to the 1970 Census of Population. In 1970 this group of cities had a total population of 37.9 million, or about 18.6 percent of the national total, of which 10.5 million persons were Negroes. Between 1960 and 1970 the Negro population of these 50 cities increased by about 34 percent, but the Negro population as a whole increased by only 20 percent.

More than three-fifths (6.4 million, or 61.4 percent) of the Negroes living in the 50 cities were found in the 10 cities with the largest Negro populations, nine of which were

Negro and total population for the 50 cities with the largest Negro population in 1970 and percent change in Negro population 1960-70

(number in thousands)

City and State	Negro population						Total population	
	Total, 1970		Proportion Negro		Change 1960-70			
	Number	Rank	Percent	Rank	Percent	Rank	Number	Rank
New York	1,667	1	21.2	33	53.2	8	7,868	1
Chicago	1,103	2	32.7	21	35.7	18	3,367	2
Detroit	660	3	43.7	10	37.0	15	1,511	5
Philadelphia	654	4	33.6	20	23.5	32	1,949	4
Washington	538	5	71.1	1	30.6	25	757	9
Los Angeles	504	6	17.9	42	50.4	9	2,816	3
Baltimore	420	7	46.4	7	29.1	31	906	7
Houston	317	8	25.7	27	47.2	13	1,233	6
Cleveland	288	9	38.3	16	14.8	41	751	10
New Orleans	267	10	45.0	8	14.5	42	593	19
Atlanta	255	11	51.3	6	36.8	17	497	27
St. Louis	254	12	40.9	13	18.6	35	622	18
Memphis	243	13	38.9	15	31.6	24	624	11
Dallas	210	14	24.9	28	62.7	5	844	8
Newark	207	15	54.2	4	50.3	10	382	36
Indianapolis	134	16	18.0	41	37.0	16	745	11
Birmingham	126	17	42.0	11	-6.5	50	301	48
Cincinnati	125	18	27.6	26	15.0	39	453	29
Oakland	125	19	34.5	18	49.1	11	362	38
Jacksonville	118	20	22.3	31	11.8	44	529	23
Kansas City (Mo.)	112	21	22.1	32	34.7	19	507	26
Milwaukee	105	22	14.7	45	68.3	3	717	12
Pittsburgh	105	23	20.2	36	4.2	47	520	24
Richmond	105	24	42.0	12	13.9	43	250	57
Boston	105	25	16.3	44	65.8	4	641	16
Columbus (Ohio)	100	26	18.5	40	29.2	29	540	21
San Francisco	96	27	13.4	48	29.2	30	716	13
Buffalo	94	28	20.4	35	30.0	26	463	28
Gary	93	29	52.8	5	34.1	20	175	75
Nashville-Davidson	88	30	19.6	39	14.9	40	448	30
Norfolk	87	31	28.3	24	10.7	45	308	47
Louisville	86	32	23.8	29	22.8	33	361	39
Ft. Worth	78	33	19.9	37	38.8	14	393	33
Miami	76	34	22.7	30	16.8	38	335	42
Dayton	74	35	30.5	22	29.7	28	244	59
Charlotte	73	36	30.3	23	29.7	27	241	60
Mobile	67	37	35.4	17	2.6	48	190	68
Shreveport	62	38	34.1	19	9.8	46	182	69
Jackson	61	39	39.7	14	18.4	36	154	90
Compton (Calif.)	56	40	71.0	2	97.4	2	79	217
Tampa	55	41	19.7	38	18.3	37	278	50
Jersey City	55	42	21.0	34	48.8	12	261	54
Flint	54	43	28.1	25	57.1	6	193	67
Savannah	53	44	44.9	9	0.1	49	118	122
San Diego	53	45	7.6	49	53.8	7	697	14
Toledo	53	46	13.8	46	32.2	23	384	34
Oklahoma City	50	47	13.7	47	33.5	21	366	37
San Antonio	50	48	7.6	50	20.3	34	654	15
Rochester	50	49	16.8	43	110.5	1	296	49
East St. Louis	48	50	69.1	3	33.1	22	70	256

among the 10 largest cities in total population. New York and Chicago were first and second in total population and in Negro population. The 10th city with the largest Negro population, New Orleans, ranked 19th in total population. The other cities are Detroit, Philadelphia, Washington, Los Angeles, Baltimore, Houston, and Cleveland.

Among these 10 cities only Washington (the ninth largest city in the United States but the fifth largest in the number of Negroes) had a greater proportion of Negroes (71.1 percent)

than white persons. Negroes comprised more than two-fifths of the resident populations in Detroit, New Orleans, and Baltimore. About a third of the populations of Chicago and Philadelphia were Negroes; a fourth the population of Houston; and slightly over a fifth that of New York.

The growth of the Negro population from 1960 to 1970 also varied widely among the 10 cities. Cities with comparatively low proportions of Negroes registered the highest percentage increases over the decade: Houston, Los Angeles, and New York. Intermediate percentages of Negro population growth occurred in Baltimore, Washington, Chicago, and Detroit. Low percentages occurred in New Orleans, Cleveland, and Philadelphia.

Among the 40 remaining cities with the largest Negro populations, five had more Negroes than white persons: Atlanta, Newark, Gary, East St. Louis, and Compton, Calif. In four others Negroes comprised more than two-fifths of the total population in 1970: St. Louis, Birmingham, Richmond, and Savannah.

The largest percentage increases in Negro population from 1960 to 1970 occurred in Rochester (110.5 percent), where the proportion of Negroes was comparatively low and in Compton, where the proportion was high. Cities other than the largest 10 where the Negro population increased more than 40 percent included Jersey City, Oakland, San Diego, Flint, Dallas, Boston, and Milwaukee. Gains between 30 and 40 percent occurred in Buffalo, Memphis, Toledo, East St. Louis, Oklahoma City, Gary, Kansas City, Atlanta, Indianapolis, and Fort Worth.

The 1960-70 increases were close to 30 percent in San Francisco, Columbus, Dayton, and Charlotte and at about the national average of 20 percent in Tampa, Jackson, St. Louis, San Antonio, and Louisville. In other cities the percentage increases ranged from 0.1 in Savannah and 2.6 in Mobile to 15 in Cincinnati and 16.8 in Miami.

Only one of the 50 cities with the largest Negro population in 1970 showed a loss of Negroes over the decade. This was Birmingham, where the Negro population decreased by 8,750, or 6.5 percent.

The table based on data from the Bureau of the Census contains further details.

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BOOK NOTES

Despite Mistakes, Hope for the Future

Toward Social Welfare: An Analysis of Programs and Proposals Attacking Poverty, Insecurity, and Inequality of Opportunity, by Clair Wilcox. Homewood, Ill.: Richard D. Irwin, Inc., 1969, 403 pp., text, $7.50, regular edition, $10.

TOWARD SOCIAL WELFARE is an important and perceptive book about the social problems of our time and our attempts to deal with them, written by Clair Wilcox, an eminent economist who died in December 1970. It will be helpful in assessing, against the rich historical background Wilcox gives us, the social issues of today; the proposals and prospects for their change; the political, ethical, and economic questions that have been raised; the inconsistencies in our objectives; and such other dilemmas and ambiguities as defy clear-cut answers and trouble us. Readable, understandable, and tightly structured, it collects in one volume a wealth of historical, philosophical, and analytical material, leading the reader from the issues and problems to their potential solution by an analysis of all the influences that in a democratic society aware of social problems and fiscal limitations impinge on an acceptable compromise.

Wilcox traces the development of social welfare reform legislation and programs back to the Great Depression, with its frightful toll of human misery. He shows how by the sixties—after a relatively quiescent period when social problems and social reform were not in the fore-

front of national concern—and in a period of general rising affluence, an intractable hard core of poverty remained among special groups in the population. Largely represented by racial and ethnic minorities, these groups were no longer keeping silent but were demanding equal rights and equal opportunities. And a multitude of other problems arose: the deterioration of the cities, the failure of the educational system, a rise in the number of dependent children and unemployed young people, increasing crime and delinquency, and violence in the streets.

All of these problems were to be solved by a "war on poverty" in the early 1960's. But that war died in its beginning, Wilcox contends, with the escalation of the Vietnam War. The new programs were not expanded, and some were allowed to die. But the problems remain.

Now new solutions are being proposed. Wilcox suggests that for every program of social reform, proposed or adopted, questions must be asked concerning its economic effects, political acceptance, administrative efficiency, and the methods used to achieve its objectives. He raises these issues for every program concerned with the social problems of poverty, insecurity, and inequality of opportunity.

THE BOOK IS ORGANIZED into five logical parts. In part I Wilcox looks into social problems and analyzes the distribution of income and wealth, the extent and measurement of poverty, the consequences of the loss of individual income, and the consequences of insecurity for society. In part II he discusses the attacks made on insecurity such as private provision for security, workmen's compensation, unemployment insurance, social security, and medical care. In part III he discusses the attacks on inequality of opportunity in education and employment. A chapter in this section on political and social opportunity explores the problems of civil rights, the prospects for open housing, and the elimination of racial discrimination.

Part IV contains Wilcox's most important analysis. Here he assesses the attacks made on poverty through such means as minimum wage policy, social and public assistance programs, manpower programs, and income guarantees. And he examines public assistance for its scope; level of assistance; underlying philosophy—relief or rehabilitation; the role of the social worker; changes in policy; the 1962 and 1967 amendments to the Social Security Act; and proposals for reform.

In examining income guarantees Wilcox assesses the case for the various alternatives proposed in recent years: the guaranteed annual income, the negative income tax, demogrants, and children's allowances. His preference is for a guaranteed income scheme set below the poverty line to preserve work incentives and to prevent making payments to people not in need. He thinks that under such conditions a guaranteed income supplement can be functional by aiding needy families not now receiving public assistance as well as those who are receiving such help in a less objectionable way and at a lower administrative cost than now. He does not, however, think that public assistance can be done away with; rather he thinks that it should continue so as to meet remaining special and emergency needs.

Social workers will not be happy with Wilcox's analysis of their usefulness and effectiveness in improving the lot of welfare recipients. He does not quite see a proper place for them.

He seeks a solution to substandard and insufficient housing for the poor by looking at new approaches to public housing through the building of demonstration cities and new towns, interest subsidies, and rent supplements.

He discusses in detail the creation of private and public jobs for both city and farm workers, combined with vocational education and rehabilitation. As he sees it, there are many jobs to be done in society and many services are inadequately supplied. He describes the opportunities for subprofessional workers to serve as aides in health, education, and other fields where professional staff members are lacking. For older people work may be an end in itself; for young people, however, jobs must provide opportunities for advancement. Make-work should not bear the stigma of charity, even though it would undoubtedly be less expensive to maintain some of the poor in idleness than to incur the costs of putting them to work. But work is preferable to idleness even though it may be costly. Moreover, it may be possible to raise the productivity of low skill labor through work experience, thus justifying the cost.

Wilcox is skeptical of some economic development programs because he thinks that the relocation of industries in depressed areas has not brought economic improvement and has fallen far short of expectations. He cites programs in Appalachia as an example.

In a discussion of the problems of unemployment and manpower development, Wilcox is critical of the work of the U.S. Employment Service and makes suggestions for improvement. In recognition of the changing demands for skill in the labor market, he would redirect vocational education to make it a more

useful tool for improving the skill of lower income job applicants.

In his account of Job Corps and MDTA (Manpower Development and Training Act) history, he draws attention to the mistakes made in early years and the difficulty and expense of raising the employment potential of the disadvantaged when the school system has failed them.

He gives a chapter to the inverse correlation between socioeconomic status of families and the number of children they have. Reviewing the development of birth control programs and of public policy toward promoting education for low income families in birth control practices, he concludes that such programs could serve as a powerful antipoverty tool.

In analyzing the many programs of the "war on poverty" of the sixties, Wilcox points out that they were designed on a small scale and aided only a small number of people and received only small appropriations. He lists those Office of Economic Opportunity (OEO) programs that have had some success such as Head Start, Upward Bound, the Job Corps, and Community Action and points out the usefulness of these programs in serving as a laboratory for antipoverty experiments.

In the last part (V) of his book, Wilcox is concerned with the prospects for the methods employed to promote welfare and abolish poverty. He suggests improving the industrial disability systems, the State unemployment insurance systems, and the Social Security system, and providing equal employment opportunities to the employable poor while strengthening the operation of the labor market and increasing the occupational mobility of labor.

Because the poverty of different groups of people has different causes—lack of a breadwinner, a job, or adequate earnings and having too many children—each group's problems must be attacked in different ways with programs designed to meet the needs of particular groups.

Wilcox gives the problem of evaluating the success of welfare programs special attention. He points out that there are "vast areas of ignorance concerning the comparative effectiveness and costs of welfare programs." But problems of efficiency in expenditures on welfare are susceptible to the cost-effectiveness method, even if they do not yield to the more rigorous cost-benefit method. The order of priority in the attack on poverty, given the "paucity of information and the primitive state of analysis in the field," should emphasize these points: maintenance of aggregate demand (that is, a relatively prosperous economy); improvements in the operation of the labor market (that is, a reduction in cyclical and structural unemployment); manpower development (that is, education, "skill training," and job placement); and birth control.

He thinks the United States "has it within its power to eradicate poverty, to assure full security for every citizen, and to give all of its people an equal chance. If poverty, insecurity, and inequality of opportunity persist, it will not be because we lack the means to end them but because we lack the will to do so."

Wilcox concludes on a prophetic note: he predicts that within this generation poverty will be abolished. He is convinced that the spectacle of poverty in the midst of affluence will move the conscience of the American people to the point that ambitious and effective programs will be adopted.

The most significant contribution of *Toward Social Welfare* is not Wilcox's recital of the historical development of the various social welfare programs but his analysis and evaluation of the reasons why we failed, why mistakes were made in planning and executing programs, and, therefore, what alternative methods of solving the social problems of our time might be more effective.

THE LESSON TO BE LEARNED is that poverty cannot be conquered unless all poverty groups are included in a comprehensive method. This may require consolidated planning and much larger expenditures than previously estimated. It will require economic prosperity—low unemployment and stable prices. Because the urgent need to abolish poverty underlies the present Administration's policy, there is renewed hope that what could not be accomplished in the sixties may be attained in the seventies with the new comprehensive programs now being designed for legislative action.

HELEN O. NICOL

Dr. Nicol is an economist in the Division of Intramural Research; Office of Research and Demonstrations; Office of Planning, Research, and Training; Social and Rehabilitation Service; U.S. Department of Health, Education, and Welfare.

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SOCIAL AND REHABILITATION SERVICE

National Center for Social Statistics

AFDC: selected statistical data on families aided and program operations, June 1971, Report H-4 (71), 59 pp. Presents data on families who receive public assistance.

Medicaid and other medical care financed from public assistance funds, fiscal year 1970, Report B-5 (FY 70), 12 pp. and 7 tables. Presents data on number of persons who received medical care from public assistance funds and amount of payments made in fiscal year 1970.

Number of recipients and amounts of payment under medicaid and other medical programs financed from public assistance funds, Report B-4 (CY-68), 16 pp. and 26 tables. Includes data on the number of persons who received medical vendor payments during calendar year 1968.

OAA and AFDC: standards for basic needs for specified types of assistance groups, March 1971, Report D-2 (3/71), 3 pp. and 5 tables. Reports on the standards for basic needs of public assistance recipients as of Mar. 1971.

Public assistance statistics, February 1971, Report A-2 (2/71), 22 pp. Presents data on services provided to public assistance recipients in Feb. 1971.

Public assistance statistics, March 1971, Report A-2 (3/71), 15 pp. Presents data on services provided to public assistance recipients in Mar. 1971.

Report on the disposition of public assistance cases involving questions of fraud, fiscal year 1970, Report E-7 (FY 70), 2 pp. and 4 tables. Presents data on recipient fraud identified by public assistance agencies in fiscal year 1970.

SOCIAL SECURITY ADMINISTRATION

Office of Research and Statistics

Assets of the disabled, by Gertrude L. Stanley and Kenneth A. Katzen, Division of Disability Studies. Apr. 1971, report no 15, 36 pp. Reports on the types and value of assets held in 1966 by disabled persons.

Benefit levels of newly retired workers: findings from the survey of new beneficiaries, by Virginia Reno and Carol Zucker, Division of Retirement and Survivor Studies. June 1971, report no. 4, 36 pp. and 4 tables. Explores the circumstances surrounding older workers' decisions to claim social security benefits and compares the economic status of new beneficiaries with that of all older people.

Current medicare survey report: medical insurance sample, January-December 1969, by Gretchen Y. Wolfe, Division of Health Insurance Studies. July 12, 1971, 27 pp. Reports monthly and annual highlights of the medical insurance data for the period Jan.-Dec. 1969.

Current medicare survey report: medical insurance sample, January-June 1970. July 13, 1971, 19 pp. Reports data on medical insurance for Jan.-June 1970.

Medicare reimbursement for services in 1967 by age, race, and sex, Division of Health Insurance Studies. June 23, 1971, 10 pp. Summarizes Medicare reimbursements for services in 1967.

Retirement patterns of men at OASDHI entitlement, by Virginia Reno, Division of Retirement and Survivor Studies. Mar. 1971, report no. 2, 36 pp. Compares the characteristics of men who stop working with those who continue working after becoming entitled to benefits.

Social security benefits and earnings of minority groups in covered employment, by Jack Schmulowitz, Division of Disability Studies, and Anna M. Young, Division of Old Age Survivors and Disability Insurance. June 23, 1971, 14 pp. Presents facts on social security beneficiaries under income maintenance programs.

Use of benefits under Medicare, 1966 and 1967, by Lillian Guralnick, Division of Health Insurance Studies. Apr. 8, 1971, 4 pp. and 3 tables. Describes the types of benefits used in 1966 and 1967 by persons enrolled for Medicare.

Why men stop working at or before age 65, by Virginia Reno, Division of Retirement and Survivor Studies, Office of Research and Statistics. May 1971, report No. 3, 43 pp. Examines the reasons nonworking men left jobs and claimed reduced or full retirement benefits.

NON-GOVERNMENT

Direct inquiries and orders to the publisher or issuing agency.

This bag is not a toy: a handbook for the use of videorecording in education for the professions, by Ida Oswald and Suzanne Wilson. Council on Social Work Education (345 E. 46th St., New York, N.Y. 10017), 1971, 133 pp., $4. Includes discussions on

the uses of videorecording in social work education and the problems involved.

Consumer beware! your food and what's been done to it, by Beatrice T. Hunter. Simon and Schuster (1 W. 39th St., New York, N.Y. 10018), 1971, 442 pp., $8.95. Warns consumers of the declining quality of food and describes activities of the food industry regarding basic foods and specialties.

Cooperatives and rural poverty in the South, by Ray Marshall and Lamond Godwin. Johns Hopkins Press (Homewood Campus, Baltimore, Md. 21218), 1971, 98 pp., $7.20. Explores the potential of cooperatives for improving conditions of the rural poor, noting causes of poverty, history of cooperatives in the South, and development of the movement.

Counseling parents of the mentally retarded: a sourcebook, Robert L. Noland, ed. Charles C. Thomas Publisher (301 Lawrence Ave., Springfield, Ill. 62703), 1970, 404 pp., price not known. Describes the feelings of parents, interviews with them, casework, group and pastoral counseling, and genetic counseling.

Crises of family disorganization: programs to soften their impact on children, Eleanor Pavenstedt and Viola W. Bernard, eds. Behavioral Publications (525 W. 120th St., New York, N.Y. 10027), 1971, 103 pp., $5.95. Describes preventive and remedial ideas and makes practical recommendations.

The dictionary of administration & supervision, by Ivan S. Banki. Systems Research (Box 74524, Los Angeles, Calif. 90004), 1971, 131 pp., $4.78. Provides a reference to new terminology in various professional fields.

Directory of social and health agencies of New York City, 1971-1972, Lena V. Ovesen and Ivy Smith, eds. Columbia University Press (440 W. 110th St., New York, N.Y. 10025), 1971, 767 pp., $17.50. Provides information about voluntary and public welfare and health agencies in New York City.

Doctoral students look at social work education, Leila Calhoun Deasy, ed. Council on Social Work Education (345 E. 46th St., New York, N.Y. 10017), 1971, 150 pp., $4. Presents views of doctoral students toward social work education.

The family and the handicapped child: a study of cerebral palsied children in their homes, by Sheila Hewett (with John and Elizabeth Newson). Aldine Publishing Co. (320 W. Adams St., Chicago, Ill. 60606), 1970, 240 pp., $7.95. Studies practical problems of rearing handicapped children, evaluates the success of social services, and compares family life of normal and handicapped children.

The Gerber Report, by Alex Gerber. David McKay, Inc. (750 3d Ave., New York, N.Y. 10017), 1971, 242 pp., $6.95. Reports on the "shocking state of American medical care and what must be done about it."

Hope for the cities: a systems approach to human needs, Robert L. Chartrand, ed. Spartan Books (432 Park Ave., So., New York, N.Y. 10016), 1971, 205 pp., $12.50. Discusses the political and technical problems of pollution, crime, housing, urban planning, and methods of dealing with them.

Illegitimacy: today's realities, by the National Council on Illegitimacy. The Council (67 Irving Pl., New York, N.Y. 10003), 1971, 77 pp., $3.25. Discusses the "growing social problems of illegitimacy."

The middle generation, by Rose N. Granzblau. Holt, Rinehart & Winston (383 Madison Ave., New York, N.Y. 10017), 1971, 239 pp., $5.95. A psychologist gives advice on children, adolescents, parents, marriage, divorce, sex, and love.

Never too old, by Esther E. Twente. Jossey-Bass (615 Montgomery St., San Francisco, Calif. 94111), 1970, 246 pp., $8.75. Discusses the elderly in small communities and how they may be helped to attain self-realization and rewarding relationships.

Options for improving the care of neglected and dependent children: program analysis applied to local government (Nashville and Davidson County, Tennessee), by Marvin R. Burt and Louis H. Blair. The Urban Institute (2100 M St., N.W., Washington, D.C. 20037), 1971, 136 pp., $2.75. Presents an evaluation of the welfare system and estimates of the costs and effectiveness of various ways of improving it.

People who care, by Heinz Vonhoff. Fortress Press (2900 Queen Lane, Philadelphia, Pa. 19129), 1971, 306 pp., $9.95. Gives an account of man's humanity to man from Cyprian to Gandhi; from Joseph's granaries to Herbert Hoover's relief programs.

Poverty: the forgotten Englishmen, by Ken Coates and Richard Silburn. Penguin Books (7110 Ambassador Rd., Baltimore, Md. 21207), 1970, 236 pp., $1.65. Presents results of a study in two communities in Nottingham, England, that concern aspects of poverty, its culture, and the possibility of overcoming it.

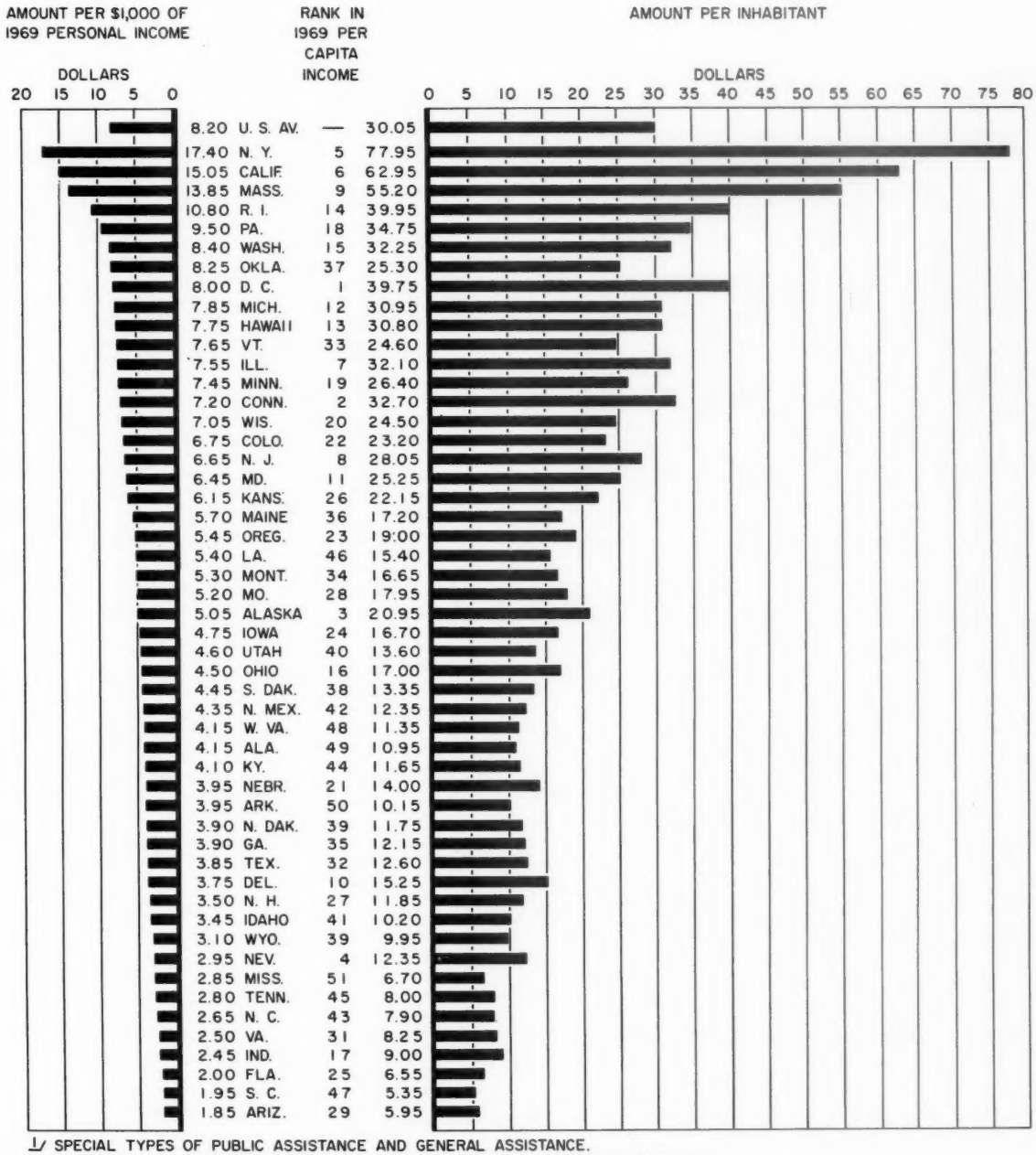
Residential facilities for the mentally retarded, Alfred A. Baumeister and Earl Butterfield, eds. Aldine Publishing Co. (320 W. Adams St., Chicago, Ill. 60606), 1970, 405 pp., $12.95. Discusses the background and current operation of such facilities and makes suggestions for improving them.

Setting national priorities: the 1972 budget, by Charles L. Schultze and others. Brookings Institution (1775 Massachusetts Ave., N.W., Washington, D.C. 20036), 1971, 336 pp., $8.95. Analyzes the President's 1972 budget, particularly allowances for revenue sharing, welfare and family assistance, social security, and medical care.

Sociological theory and philosophical analysis, Dorothy Emmet and Alasdair Macintyre, eds. Macmillan (863 3d Ave., New York, N.Y. 10022), 1970, 232 pp., $6.95. Describes sociology broadly and discusses specific problems in social anthropology.

Where we are: a hard look at family and society, by the Child Study Association of America (Nine E. 89th St., New York, N.Y. 10028), 1970, 117 pp., $3.50. Participants at the 80th anniversary forum of the Child Study Association of America discuss the effect of social change on families, the causes of public unrest, and "experiments in bypassing the establishment."

EXPENDITURES FOR PUBLIC ASSISTANCE 1/
FROM STATE AND LOCAL FUNDS, FISCAL YEAR 1970 2/



1/ SPECIAL TYPES OF PUBLIC ASSISTANCE AND GENERAL ASSISTANCE.
2/ EXCLUDES GUAM, PUERTO RICO, AND VIRGIN ISLANDS; INCOME DATA NOT AVAILABLE.

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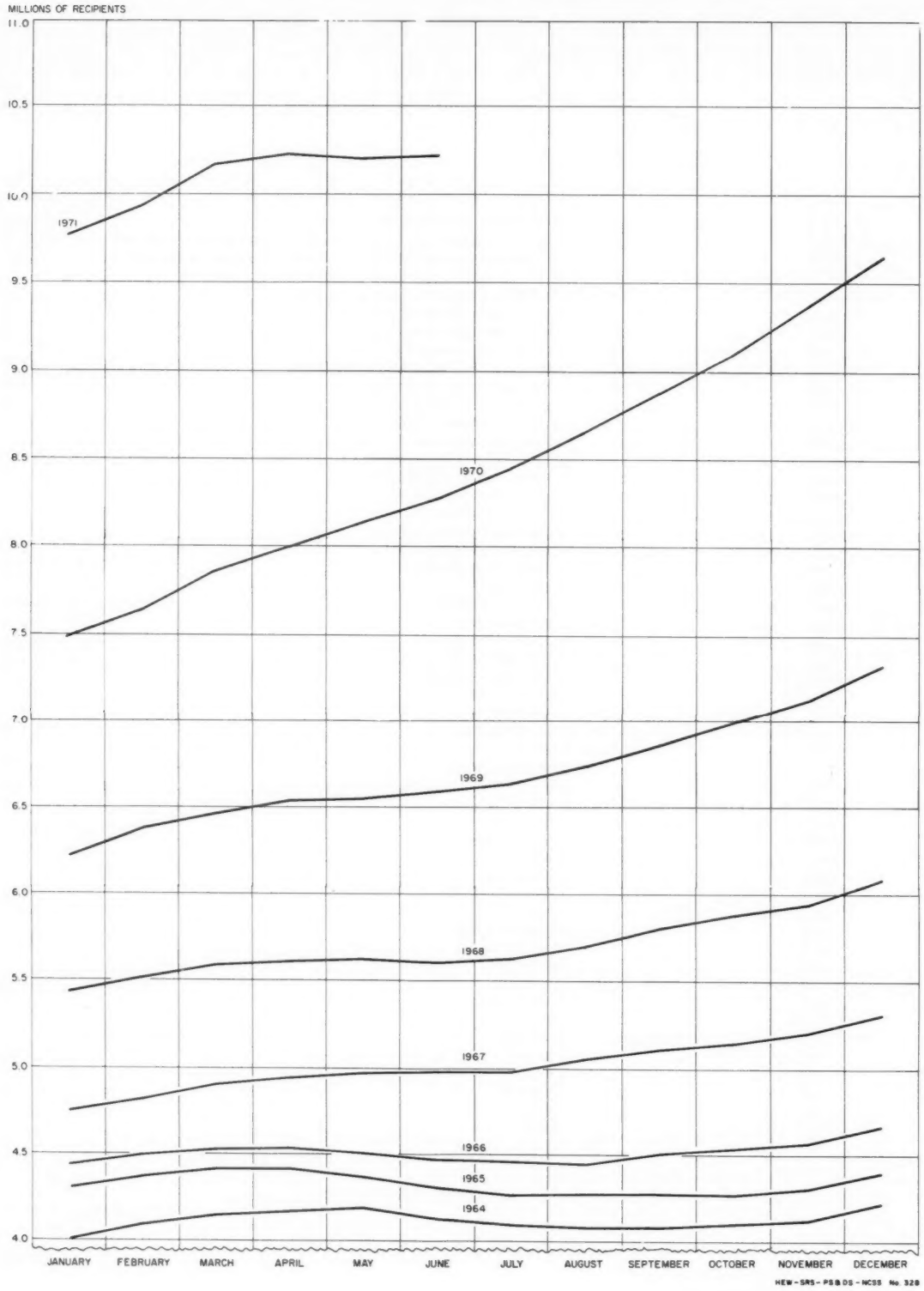

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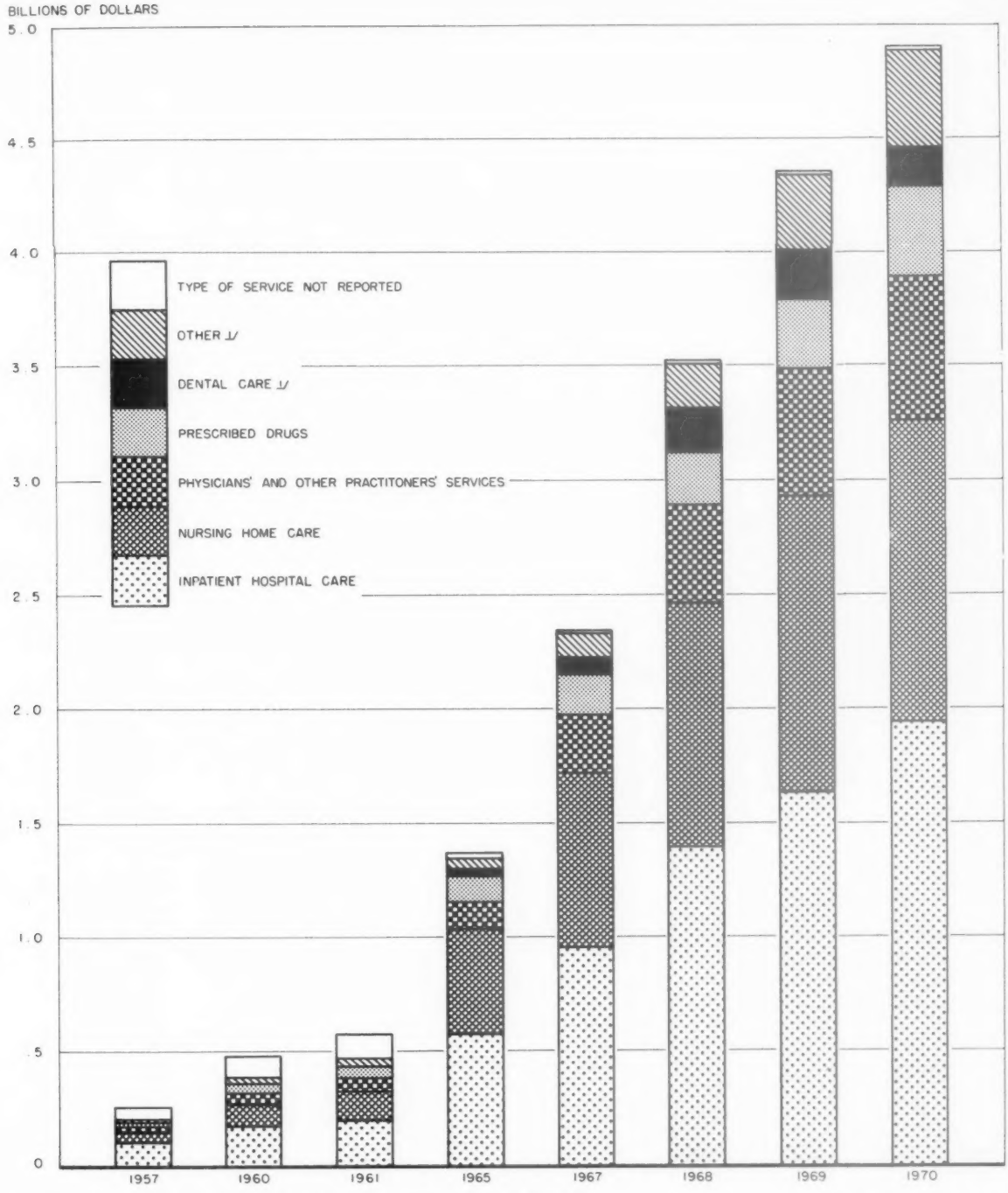
PAYMENTS FOR PUBLIC ASSISTANCE VENDOR MEDICAL BILLS BY TYPE OF SERVICE, SELECTED FISCAL YEARS 1957–1970



1/ FOR FISCAL YEARS 1957, 1960, AND 1961 "DENTAL CARE" INCLUDED IN "OTHER".

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